

**DOMESTIC SUPPORT OBLIGATION QUESTIONNAIRE**

DEBTOR NAME: \_\_\_\_\_ BANKRUPTCY CASE # \_\_\_\_\_

CO-DEBTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. DO YOU PAY CHILD SUPPORT, ALIMONY OR ANY OTHER TYPE OF DOMESTIC SUPPORT OBLIGATION?

( ) Yes, please complete and sign the questionnaire below.

( ) No, please sign the questionnaire below.

2. WHAT IS THE NAME AND ADDRESS OF THE HOLDER OF THE DOMESTIC SUPPORT OBLIGATION?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. IS THERE A GOVERNMENTAL AGENCY INVOLVED IN THE COLLECTION OF THE DOMESTIC SUPPORT OBLIGATION? IF YES, PROVIDE THE NAME AND ADDRESS OF SAID AGENCY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR CURRENT EMPLOYER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
DEBTOR'S SIGNATURE

DATED: \_\_\_\_\_

\_\_\_\_\_  
CO-DEBTOR'S SIGNATURE

**PLEASE RETURN NO LATER THAN 7 DAYS  
PRIOR TO THE 341 MEETING OF CREDITORS**

**LAWSUIT QUESTIONNAIRE**

DEBTOR NAME: \_\_\_\_\_ BANKRUPTCY CASE # \_\_\_\_\_

CO-DEBTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

1. ARE YOU A PLAINTIFF IN ANY TYPE OF LAWSUIT? (ARE YOU SUING ANYONE OR PARTICIPATING IN A CLASS ACTION TYPE LAWSUIT?)

Yes, please complete and sign the questionnaire below.  
(Mark which applies)  Husband  
 Wife

No, please sign the questionnaire below.

2. WHAT IS THE NATURE OF YOUR CLAIM OR LAWSUIT?

\_\_\_\_\_

3. PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR ATTORNEY HANDLING THE CLAIM OR LAWSUIT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. IF YOU KNOW THE STATUS OF YOUR CLAIM OR LAWSUIT, PLEASE PROVIDE DETAILS TO THE STATUS OF THE CASE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
DEBTOR'S SIGNATURE

DATED: \_\_\_\_\_

\_\_\_\_\_  
CO-DEBTOR'S SIGNATURE

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