

Office of Elizabeth F. Rojas

Chapter 13 Trustee

15060 Ventura Blvd., Suite 240, Sherman Oaks, Ca 91403

(818) 933-5700 office (818) 933-5755 fax

Domestic Support Obligation Data Form

Please complete, sign and date the domestic support obligation data form. Submit the completed form to the Trustee at the 341(a) meeting of creditors. If the debtor owes domestic support obligations to different parties, the debtor is required to disclose the information for all holders of claims for domestic support obligations whether or not the obligation's current.

Debtor(s) Name _____ Case Number _____

Address _____

I. Name and Address of Holder of Claim for a Domestic Support Obligation

<i>Name</i>	
Street Address	
City, State, Zip Code	
Telephone number (area code) number	

II. Name and Address of Holder of Claim for a Domestic Support Obligation

(fill out for additional holder of claim for domestic support obligation not listed in section I)

<i>Name</i>	
Street Address	
City, State, Zip Code	
Telephone number (area code) number	

III. Name and Address of Debtor's Employer

<i>Name</i>	
Street Address	
City, State, Zip Code	
Telephone number (area code) number	

I(we) the debtor(s) declare under penalty of perjury that the above information is true and correct to the best of my(our) knowledge.

Dated: _____ Signed: _____

Signed: _____