

**Office of Elizabeth F. Rojas**  
**Chapter 13 Trustee**  
 15260 Ventura Blvd., Suite 710, Sherman Oaks, Ca 91403  
 www.ch13wla.com | (818)933-5700

**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 is current.

Debtor(s) Name \_\_\_\_\_ Case Number \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**II. Name and Address of Holder of Claim for a Domestic Support Obligation**  
 (complete if there is an additional holder of claim for domestic support obligation not listed in section I)

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

**III. Name and Address of Debtor's Employer**

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

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: \_\_\_\_\_