

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: _____ : Bankruptcy No. _____
: _____
Debtor _____ : _____
: Chapter 13 _____
: _____
Movant _____ : _____
: Related to Document No. _____
v. _____ : _____
: _____
Respondent(s) _____ : _____

**DOMESTIC SUPPORT OBLIGATION
CLAIM HOLDER REPORT**

Debtor Daytime Phone: _____ Evening: _____

Attorney Name: _____

Name of Claim Holder: _____

Address of Claim Holder:

Mailing Address City/State ZIP Code

Support Type:
Spousal Support _____ Child Support _____
Both _____

The following information must be completed for each support obligation:

Name of Applicable State Agency Where Claim Holder Resides:

Payment Address:

Mailing Address City/State ZIP Code

Account #: _____ Agency Phone #: _____
Monthly Payment Amount: \$ _____ Monthly Due Date: _____
Date Payment Late: _____ Years Remaining: _____

Are ongoing payments being made to the claim holder by Wage Orders? Yes _____ No _____

Is the Debtor currently employed? Yes _____ No _____

If yes, Employer Information:

Mailing Address City/State ZIP Code