**This form must be submitted directly to the Trustee within 14 days of filing your bankruptcy**

**schedules. DO NOT FILE this form with the Court.**

**UNITED STATES BANKRUPTCY COURT**

**EASTERN DISTRICT OF OKLAHOMA**

**IN RE: Case No. \_\_\_\_\_\_\_\_\_\_**

 **Chapter \_\_\_\_**

 **Debtor(s).**

**AFFIDAVIT AND DISCLOSURE OF DOMESTIC SUPPORT OBLIGATIONS**

(*Note: A separate form must be submitted to the Trustee for* ***each*** *debtor in a joint case*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Debtor, being first duly sworn under oath, deposes and states:

(*Print Debtor's Name*)

(***Select One***)

[ ]  I do not owe any person or entity a debt defined in 11 U.S.C. 101(14A) as a "domestic support obligation."

[ ]  I do owe the following person(s) or entity(ies) a debt defined in 11 U.S.C. 101(14A) as a "domestic support obligation" *(attach all supporting documents that establish the terms of a domestic support obligation (e.g., copy of debtor's divorce decree, orders establishing parent child relationship, and orders establishing or modifying child support)):*

|  |  |  |
| --- | --- | --- |
| 1. | **Name of holder of claim for****domestic support obligation** |  |
|  | **Name of Service/Collection Agent** (ifapplicable |  |
|  | **Address** |  |
|  | **Telephone Number(s)** |  |

|  |  |  |
| --- | --- | --- |
| 2. | **Name of holder of claim for****domestic support obligation** |  |
|  | **Name of Service/Collection Agent** (ifapplicable |  |
|  | **Address** |  |
|  | **Telephone Number(s)** |  |

*(Attach additional sheets, if necessary*)

*If you owe a domestic support obligation, provide the following additional information.*

The name and address of my most recent employer(s) is as follows:

*Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Dated:

Debtor Signature

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

[SEAL]

 Notary Public