

DOMESTIC SUPPORT OBLIGATION WORKSHEET

("DSO WORKSHEET")

Case No: _____ **Date:** _____

Debtor: _____

Co-Debtor: _____

Are you responsible for a Domestic Support Obligation described in Schedule E and provided for in 11 U.S.C. § 507(a)(1)? *Yes _____ No _____

Please sign:

Debtor: _____ Co-Debtor: _____
Signature Signature

**If you answered "Yes," please complete all questions below.*

1. **What is your current marital status:** Married: _____ Divorced: _____
Separated: _____ Widowed: _____

2. **Name and contact information of person receiving Support**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

3. **Is a DSO payment deducted from your paycheck:** Yes: _____ No: _____

4. **State Agency Information:**

Agency Name: _____

Account No: _____

Address: _____

City: _____ State: _____ Zip: _____

Return to:

Joel L. Tabas, Trustee
POB 14573
Ft. Lauderdale, FL 33302
lshortino@mrthlaw.com