

LOCAL FORM 3  
DOMESTIC SUPPORT OBLIGATION DISCLOSURE

**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.**

IN THE UNITED STATES BANKRUPTCY COURT FOR THE  
WESTERN 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 (i.e. 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 (if applicable)	
	Address	
	Telephone Number	
2.	Name of holder of claim for Domestic Support Obligation	
	<u>Name of service/collection agent (if applicable)</u>	

	<u>Address</u>	
	<u>Telephone Number</u>	

*(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: \_\_\_\_\_ s/ \_\_\_\_\_  
 Debtor Name

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

[SEAL]

\_\_\_\_\_  
 Notary Public