

Debtor(s) Name: _____ Case Number: _____

AUTHORIZATION FOR RELEASE OF SOCIAL SECURITY NUMBER AND NOTICE OF REQUIRED INFORMATION REGARDING DOMESTIC SUPPORT OBLIGATION (DSO)

This Form must be provided to Nancy K. Neidich, Chapter 13 Trustee at the first scheduled 341 meeting of creditors. ALL debtors who pay alimony, child support or maintenance as described in 11 USC §101(14A)(“DSO”) must complete this form and provide the Trustee with any court order requiring payments. If the debtor has more than one DSO, complete a separate form for each. **This form is intended to collect information required by 11 USC §1302. The Trustee will not disburse support payments unless the Chapter 13 Plan specifically provides for payment of the support obligation.**

- 1) I pay alimony, child support or maintenance to the person listed below.
- I can not complete the information below as the person has a protective order against me
 - I can not complete the information below as I have no knowledge of the person’s information, have not had contact with this person for at least 1 year, have no way to obtain the information and make payments through a state child support agency. (Motion to waive requirement will be filed)

Name: _____

Mailing Address: _____

Phone Number: _____

- 2) The regular payments are \$ _____ per _____ (month/week).
- I am current with my payments
 - I am delinquent in my payments in the amount of \$ _____

- 3) I make payments: directly to the person above through an employer deduction
(check all that apply) through the Florida Department of Revenue Child Support
 through a State Agency outside of Florida (provide address below)

Agency Name: _____

Mailing Address: _____

I declare under penalty of perjury that the information provided is true and correct. I authorize Nancy K Neidich to disclose my full Social Security Number to the State child support enforcement agency as required by 11 USC §1302.

Debtor
8/14

Date