**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE NORTHERN DISTRICT OF INDIANA**

|  |  |  |  |
| --- | --- | --- | --- |
| **IN THE MATTER OF:** |  |  |  |
| **Enter text** |  | **CHAPTER:** | **Enter text** |
| **Debtor(s)** |  | **CASE NO.** | **Enter text** |

**CERTIFICATION REGARDING**

**DOMESTIC SUPPORT OBLIGATION(S)**

If there are domestic support obligation claims in a case, the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 requires the trustee to provide written notice to the holder of the claim and to the applicable state child support enforcement agency. In order for the trustee to comply with the Act, the Debtor/Obligor must complete the following information and verify the information is true and correct by signing at the bottom of this form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Person Entitled to Receive Domestic Support (“Recipient”): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Claim Holder | | **Enter text** | | **Enter text** | | | **Enter text** | | | | |
|  | | Last Name | | First Name | | | | Middle Initial | | | |
| 2. Address of Domestic Support Recipient: | | | | | | | | | | | |
| Claim Holder | | **Enter text** | | **Enter text** | | | | | | | |
|  | | Street | |  | | City | | | | | |
|  | | **Enter text** | | **Enter text** | | | | | | **Enter text** | |
|  | | County | | State | | | | | Zip | | |
| 3. Telephone Number of Domestic Support Recipient: | | | | | | | | | | |
| Claim Holder | **Enter text** | | | |  | | | | | |
|  | (Area Code) Phone Number | | | |  | | | | | |
| 4. Amount of Support Awarded: $ **Enter text** per **Enter text** .  5. If you are paying a Domestic Support Obligation pursuant to a Court Order, provide the following: | | | | | | | | | | |
|  | **Enter text** | | | | | | | |  | |
|  | Name of Court | | | | | | | | | |
|  | **Enter text** | | | | | | | |  | |
|  | Address of Court | | | | | | | | | |
|  | **Enter text** | | **Enter text** | | | | | |  | |
|  | Docket Number | | | | INSCCU Number or other state identifier | | | |  | |

The undersigned hereby certifies that the foregoing statements are true and correct under penalty of perjury.

|  |  |  |
| --- | --- | --- |
| Dated: | **Select** **date** | **Enter text** |
|  |  | Debtor |