

United States Bankruptcy Court

District of Oregon

BANKRUPTCY TRUSTEE DSO NOTICE INFORMATION SHEET

Bankruptcy Information:	Debtor(s): _____ Bankruptcy Case Number: _____
Debtor Address:	Address: _____ City: _____ State: _____ Zip: _____ Telephone # _____
Debtor Employer Name:	_____
Debtor Employer Address:	Address: _____ City: _____ State: _____ Zip: _____ Telephone # _____
Name of Holder of Claim for Domestic Support:	Last: _____ First: _____ Middle: _____
Address of Claim Holder:	Address: _____ City: _____ State: _____ Zip: _____ Telephone # _____

The above information is true and correct to the best of my knowledge. Prior to receiving my discharge, I shall inform the trustee in writing of any changes to this information.

Date: _____

Debtor/Attorney: _____

Debtor/Attorney: _____

Please return this form to the Trustee appointed in the case.