

Information re: holder of Domestic Support Obligation in

case number: 8: _____-bk-_____

Name of DSO holder: _____

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____

State: _____ **Zip Code:** _____

Telephone number: _____

This form must be submitted to the Office of Amrane Cohen, Chapter 13 Trustee within 15 days of the filing of the petition. A pdf of this form is available on the trustee website.
The form can be e-mailed to efile@ch13ac.com