

Case Number: _____

Debtor(s) Name: _____

**AUTHORIZATION FOR RELEASE OF SOCIAL SECURITY NUMBER AND NOTICE OF
REQUIRED INFORMATION REGARDING ALIMONY, CHILD SUPPORT OR
MAINTENANCE**

This form must be provided to the Chapter 13 Trustee Nancy Herkert on or before the first scheduled 341 meeting of creditors. **Each** debtor must complete a form. If you are required by court order to pay alimony, child support or maintenance, you must also provide a copy of that order. Please attach a separate form for each person to whom you are required to pay alimony, child support or maintenance.

_____ 1. I am not required by order or statute to pay alimony, child support or maintenance to any person anywhere.

_____ 2. I am required to pay alimony, child support or maintenance. The name, address and phone number of the person to whom I am required to pay is:

Name: _____

Address: _____

Phone Number: _____

_____ A. The payments made to the person listed in #2 are made through a state Agency and I am current with all support payments as of the date I filed my Bankruptcy Petition.

My Monthly payments are \$ _____

Name and address of Child Support Enforcement Agency:

_____ B. I make payments directly to the person listed in #2 and I am current with all support payments as of the date I filed my Bankruptcy Petition. My monthly payments are: \$ _____.

_____ C. I was not current with all support payments as of the date I filed my Bankruptcy Petition. My monthly payments are: \$ _____.
As of the date of filing, I was behind \$ _____.

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 the payment of the support obligation.

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

Debtor
11/08

Date