# Mont. LBF 30. STATEMENT OF DOMESTIC SUPPORT OBLIGATION(S).

# [Mont. LBR 4002-1(e)]

Name of Attorney

Office Mailing Address

Telephone Number

Facsimile Number

E-Mail Address

State Bar I.D. Number

(Attorney for Debtor(s))

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF MONTANA

|  |  |
| --- | --- |
| IN RE:    ,  ,    Debtors. | Case No.  **STATEMENT OF DOMESTIC SUPPORT OBLIGATION(S)** |

[If filing jointly, information for both spouses must be provided on this form]

Pursuant to Mont. LBR 4002-1(e), the undersigned hereby provides this Statement of Domestic Support Obligation(s), as defined in 11 U.S.C. § 101(14A).

1. Debtor’s name (enter full name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does Debtor have a domestic support obligation: \_\_\_yes \_\_\_no. If yes, please fill out the rest of this form. If no, do not fill out the rest, but sign where indicated below.
3. Debtor’s employer and employer’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name, address, phone number, employer’s name, and address of employer for any person responsible with the Debtor for the support:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, address and phone number for the holder of the claim of support:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[If the Debtor does not know the whereabouts of the former spouse, this fact should be affirmatively stated above, but the address for the support collection agency must be provided.]

AS OF THE DATE OF FILING OF THE BANKRUPTCY PETITION:

1. Amount of support obligation: $\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [i.e. month, week, etc.]
2. Term of support obligation: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Amount that the domestic support obligation is in arrears: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Court name and jurisdiction in which order of support was issued:
5. Court Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Name and address of State Child Support Enforcement Agency involved in such claim:

I/We declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Debtor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Debtor Date

Penalty for making a false statement: Fine up to $250,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571