

WAYNE GODARE
 Chapter 13 Bankruptcy Trustee
 District of Oregon - Portland
 1300 SW 5th Ave - Suite 1700
 Portland, OR 97201-5608
 (503) 972-6300
 FAX (503) 972-6313
 postcon@portland13.com

DSO NOTICE INFORMATION SHEET

Bankruptcy Case No.:	Petitioner(s): «Debtor1», «Debtor2» Bankruptcy Case No.: «FmtCaseNum»
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 # () _____
State Agency Assigned to Collecting DSO:	State: _____

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 my address or employer.

Date: _____

Debtor: _____

Debtor: _____