UNITED STATES BANKRUPTCY COURT

DISTRICT OF SOUTH CAROLINA

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| IN RE:  (Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)                                                DEBTOR(S)  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any): \_\_\_\_\_\_\_ | CASE NO:  CHAPTER 12    Chapter 12 Debtor's Certification Regarding Domestic Support Obligations |

I certify that I am required by a judicial or administrative order, or by statute, to pay a domestic support obligation to the recipient noted below. I have paid all such amounts that first became payable after the date of the filing of the petition through the date of the confirmation hearing.

My current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My current employer and my employer’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domestic Support Obligation Recipient name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public/Governmental Agency (name and address) charged with collecting domestic support obligation:

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

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

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| Executed on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date | Debtor |

CERTIFICATE OF SERVICE

I certify that on this date, the foregoing Chapter 12 Debtor’s Certification Regarding Domestic Support Obligations was served on each domestic support obligation recipient noted above at the address indicated and served on any public/governmental agency which is charged with collecting the domestic support obligation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_