

NALIKO MARKEL

Chapter 13 Bankruptcy Trustee

District of Oregon – Eugene

P.O. Box 10505

Eugene, OR 97440-2505

(541) 343-1555

general@eugene13.com

DSO NOTICE INFORMATION SHEET

Bankruptcy Case No.: Debtor(s) Name(s):	
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: _____