

MARSHA L. COMBS-SKINNER

Chapter 13 Standing Trustee
Central District of Illinois

TRUSTEE'S SUPPORT QUESTIONNAIRE FORM

This form is to be completed by all bankruptcy debtors (joint debtors filing a joint bankruptcy may complete and sign the same form.)

Bankruptcy Case No.: _____

Debtor(s) Name(s): _____

Current Address: _____

Telephone Number: _____

1. Are you as the debtor(s) currently subject to a pending child support or maintenance (alimony) order, or do you have a child support or maintenance arrearage to any person? **yes/no** (circle one)

2. If your answer to question 1 above is "yes", supply the following information.

Name of person to whom you owe support: _____ (use a separate form for each person to whom support is owed if there are multiple support obligations)

Address of person who you owe: _____

Telephone number of person you owe: _____

Location of Court which entered the Support Order: _____

Case number of case in which Support Order was entered: _____

3. How much does your Support Order require you to pay? _____

4. What is the frequency of that support payment? **weekly/bi-weekly/monthly (circle one).**

5. Do you have a support arrearage? **yes/no (circle one)**

6. If "yes" to Question No. 5, what is the amount of that arrearage? _____

Debtor Signature: _____

Date: _____

Joint Debtor Signature: _____

Date: _____