

**Standing Panel of Chapter 7 Trustees
United States Bankruptcy Court
District of Oregon, Portland Division**

DSO NOTICE INFORMATION SHEET

BANKRUPTCY CASE NUMBER:	CASE NO: _____
DEBTOR FULL NAME:	LAST: _____ FIRST: _____ MIDDLE: _____
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 HOLDER OF CLAIM:	ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ TELEPHONE #: (_____) _____

The above information is true and correct to the best of my knowledge. Prior to receiving my discharge, I agree to inform the trustee in writing of any changes to this information.

Date: _____

Debtor: _____

Debtor: _____