Mont. LBF 30. STATEMENT OF DOMESTIC SUPPORT OBLIGATION(S). [Mont. LBR 4002-1(e)]

Name of Attorney Office Mailing Address Telephone Number Facsimile Number E-Mail Address State Bar I.D. Number (Attorney for Debtor(s))

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF MONTANA

IN RE:	
	Case No.
, ,	STATEMENT OF DOMESTIC SUPPORT OBLIGATION(S)
Debtors,	
	,
[If filing jointly, information for both spouses mu	ust be provided on this form]
Pursuant to Mont. LBR 4002-1(e), the	undersigned hereby provides this Statement or
Domestic Support Obligation(s), as defined in 11	I U.S.C. § 101(14A).
1. Debtor's name (enter full name):	
2. Does Debtor have a domestic support obl the rest of this form. If no, do not fill out the	igation:yesno. If yes, please fill out ne rest, but sign where indicated below.
3. Debtor's employer and employer's address	::
4. Name, address, phone number, employer person responsible with the Debtor for the	r's name, and address of employer for any support:

5. Name, address and phone number for the	holder of the claim of support:
-	pouts of the former spouse, this fact should be ess for the support collection agency must be
AS OF THE DATE OF THIS FILING OF THE	BANKRUPTCY PETITION:
1. Amount of support obligation: \$etc.]	per [i.e. month, week,
2. Term of support obligatio	on: fromuntil
3. Amount that the domestic sup	pport obligation is in arrears: \$
4. Court name and jurisdiction in which orde	er of support was issued:
5. Court Case No.	-
6. Name and address of State Child Support	Enforcement Agency involved in such claim:
I/We declare under penalty of perjury	y that the foregoing is true and correct.
Signature of Debtor	Date
Signature of Co-Debtor	Date

Penalty for making a false statement: Fine up to \$250,000 or imprisonment for up to 5 years or both. 18 U.S.C. $\S\S$ 152 and 3571