UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW HAMPSHIRE

In re:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Bk. No. \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Debtor Chapter \_\_\_\_\_\_

AFFIDAVIT OF DEBTOR REGARDING DOMESTIC SUPPORT OBLIGATIONS

AND DOMICILE, EQUITY AND LITIGATION STATUS AT THE TIME OF

CONFIRMATION OF THE PLAN

I, [insert debtor name], the debtor in the above-cited case, hereby declare under penalty of perjury that the information contained in this document is true and correct to the best of my knowledge and belief, effective as of the time of the confirmation of the plan.

**REGARDING DOMESTIC SUPPORT:**

( ) To the best of my knowledge and belief, I am not obligated to pay child support or alimony, and I owe no money on any domestic support obligation pursuant to any court order, administrative order, or statute.

**OR**

( ) I am required by a court order to pay child support or other domestic support. I currently owe money on a domestic support obligation to the following individual(s):

Name and Address of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Current Status of Obligation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*INCLUDE ALL SUCH OBLIGATIONS\*\*\*

**REGARDING MY DOMICILE:**

( ) I have been continuously domiciled in the State of New Hampshire for at least 730 days (approximately two years) prior to the filing date of my bankruptcy petition.

**OR**

( ) I have not been continuously domiciled in the State of New Hampshire for the last 730 days (approximately two years). For the majority of the 180 days prior to the filing date of my bankruptcy petition, I was domiciled as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCING § 522(o) OF THE BANKRUPTCY CODE:**

With regard to payments made on the mortgage of my homestead, over the ten-year period prior to the filing date of my bankruptcy petition and not counting the regularly required payments, I

( ) HAVE paid extra mortgage payments totaling more than $10,000.00.

( ) HAVE NOT paid extra mortgage payments totaling more than $10,000.00.

**REFERENCING § 522(p) OF THE BANKRUPTCY CODE:**

( ) With regard to my homestead real estate, the date of acquisition of my interest was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

( ) I own no homestead real estate.

**REGARDING OTHER MATTERS:**

To the best of my knowledge and belief:

I HAVE \_\_\_\_ or HAVE NOT \_\_\_\_ been convicted of a felony involving a financial crime, or for which restitution has been ordered as part of my sentence.

I DO \_\_\_\_ or DO NOT \_\_\_\_ owe any debt resulting from a criminal act, intentional tort, or willful or reckless misconduct that caused serious physical injury or death to another individual in the preceding five years.

I HAVE \_\_\_\_ or HAVE NOT \_\_\_\_ been advised that to receive a discharge I must complete an instructional course concerning personal financial management.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Debtor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, before me, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same voluntarily and for the purposes therein contained.

Before me,

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

Justice of the Peace/Notary Public

Commission Expires: \_\_\_\_\_\_\_\_\_\_\_

 **Cont’d →**

I hereby certify that I received the completed affidavit from the debtor and forwarded it to any applicable domestic support claimant/agency.

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

Signature

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

Print Name