

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA
www.flsb.uscourts.gov

In re

Case No.
Chapter

Debtor /

STATEMENT OF SOCIAL SECURITY NUMBER(S)

Check this box if submitting an amended social security number pursuant to Local Rule 1009-1(A)(2) and Administrative Order 03-7.

1. Name of Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)
 Debtor has a Social Security Number and it is: _____ - _____ - _____
(If more than one, state all.)
 Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)
 Joint Debtor has a Social Security Number and it is: _____ - _____ - _____
(If more than one, state all.)
 Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor Date

Signature of Joint Debtor Date

**Joint debtors must provide information for both spouses.*

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

Note: This form must be submitted at the time of filing the voluntary petition or, in an involuntary case within fifteen days after entry of the order for relief. This form must also be submitted when filing an amendment to the debtor's social security number. This form shall be retained by the clerk as a non public record. (See Bankruptcy Rule 1007(f).)