

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

In Re:

Case Number  
Chapter

\_\_\_\_\_  
Debtor(s) \_\_\_\_\_/

**DECLARATION UNDER PENALTY OF PERJURY TO ACCOMPANY PETITIONS, SCHEDULES  
AND STATEMENTS FILED ELECTRONICALLY**

*Note: This declaration must be filed with each electronically filed initial petition or amended petition and must contain the imaged signature of the debtor. This declaration must also be filed with an initial schedule, SFA, Statement of Social Security Number, or Statement of Current Monthly Income (OBF 22) not filed with the initial petition or any amended schedules, SFA, Statement of Social Security Number, and/or Statement of Current Monthly Income (OBF 22) unless these documents contain an imaged signature of the debtor(s).*

**Check all documents that apply to this declaration**

- |   |   |
|---|---|
| <input type="checkbox"/> Voluntary petition signed by me on _____                                     | <input type="checkbox"/> Amended voluntary petition signed by me on _____                                     |
| <input type="checkbox"/> Schedules signed by me on _____  | <input type="checkbox"/> Amended schedules signed by me on _____  |
| <input type="checkbox"/> Statement of Financial Affairs signed by me on _____                         | <input type="checkbox"/> Amended Statement of Financial Affairs signed by me on _____                         |
| <input type="checkbox"/> Statement of Social Security Number(s)<br>signed by me on _____              | <input type="checkbox"/> Amended Statement of Social Security Number(s)<br>signed by me on _____              |
| <input type="checkbox"/> Statement of <i>Current Monthly Income (OBF 22)</i><br>signed by me on _____ | <input type="checkbox"/> Amended Statement of <i>Current Monthly Income (OBF 22)</i><br>signed by me on _____ |

I, \_\_\_\_\_, the undersigned debtor(s) **hereby declare under penalty of perjury as follows:**

1. I have reviewed and signed the original(s) of the document(s) identified above and the information contained in the Verified Document(s) is true and correct to the best of my knowledge and belief.
2. I understand that Verified Document(s) filed in electronic form shall be treated for all purposes (both civil and criminal, including penalties for perjury) in the same manner as though signed or subscribed.
3. I understand that the Verified Document(s) will be filed by my attorney in electronic form in connection with the above captioned case and that I have received and reviewed copies of the Verified Document(s) I have signed.
4. I understand that my attorney is required by the court to retain the original signed Verified Document(s) for five years from date of discharge, dismissal or the conclusion of any pending appeals in this case and provide these documents to the court upon request at any time.

\_\_\_\_\_  
**Signature of Debtor**  
(If non individual, authorized corporate representative)

\_\_\_\_\_  
**Signature of Joint Debtor (if applicable)**

\_\_\_\_\_  
**Print or Type Name (and title if applicable)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print or Type Name of Attorney for Debtor**

\_\_\_\_\_  
**Phone:**