

AMENDMENT OF SOCIAL SECURITY NUMBER

(Effective 12/01/03)

The proof of social security number provided by the debtor indicates that an incorrect social security number was submitted with the bankruptcy petition. This error can adversely affect another person's credit record. You, as the debtor's attorney or pro se debtor, are required to amend the bankruptcy forms and make sure that all affected entities are made aware of the amendment. The United States Trustee and the case trustee will verify the filing and service of the amendments. In the event timely compliance is not made, the United States Trustee or the case trustee may move the Court for relief.

☞ ***IF THE ERROR AFFECTS ONLY THE FIRST FIVE DIGITS OF THE SOCIAL SECURITY NUMBER, FOLLOW STEPS ①,②,③, & ④ .***

☞ ***IF THE ERROR AFFECTS THE LAST FOUR DIGITS, FOLLOW STEPS ①,②,③,④ , & ⑤.***

①. **Submit**, in paper, to the United States Bankruptcy Court Clerk, an Amended Statement of Social Security Number(s) (Form 21) indicating the full and correct social security number. The Court is located at One Bowling Green, New York, New York 10004, (Form attached).

②. **Serve**, upon all creditors, the chapter 7 or 13 trustee, and the United States Trustee the Amended Statement of Social Security Number(s), (Form 21) reflecting the full and correct social security number. (Form attached).

③. **File**, with the United States Bankruptcy Court, a completed Certificate of Service by Mail, certifying service of the Amended Statement of Social Security Number(s) (Form 21) upon all creditors, the chapter 7 or 13 trustee, and the United States Trustee. (Attached is a Certificate of Service form to use). Please attach to the Certificate a list of all creditors, their names and addresses as well as the chapter 7 or 13 trustee's name and address). **DO NOT ATTACH A COPY OF THE AMENDED STATEMENT OF SOCIAL SECURITY NUMBER(S) (FORM 21) TO THE CERTIFICATE OF SERVICE.**

④. **File**, with the United States Bankruptcy Court, a redacted copy of the Amended Statement of Social Security Number(s) (Form 21), reflecting only the last four digits of the social security number (i.e., xxx-xx-1234).

☞ ***COMPLETE STEP ⑤ ONLY IF THE ERROR AFFECTS THE LAST FOUR DIGITS OF THE SOCIAL SECURITY NUMBER***

⑤. **File**, with the United States Bankruptcy Court Clerk, an amended petition (copy attached) with the correct last four digits of the social security number, pursuant to Fed. R. Bankr. P. 1009. The filing requirements pursuant to the Federal Rules of Bankruptcy Procedure are noted, in part, below:

- ▶ **Caption**. The amended petition must include the name of the Court, case name (as set forth on the petition), case number, chapter number and include the word “Amended” in the title.
- ▶ **Notice of Amendment**. The party filing the amended petition shall contemporaneously serve the amendment on all creditors, the Office of the U.S. Trustee, and the Chapter 7 or Chapter 13 trustee appointed in the case.
- ▶ **Filing**. File with the United States Bankruptcy Court the amended petition. At the time of filing, the amended petition must be accompanied by a Certificate of Service (copy attached) that certifies that a notice of the amendment was served on all creditors, the Chapter 7 or Chapter 13 trustee appointed in the case, and the United States Trustee. (Please include the list of all creditors served, their names and addresses as well as the Chapter 7 or Chapter 13 trustee’s name and address, and the United States Trustee).
- ▶ **Electronic Case Filing System**. The Southern District of New York participates in the Electronic Case Filing System for document filing. The website is www.nysb.uscourts.gov.

Failure to amend bankruptcy forms to correct social security number may result in dismissal of case
See, *In re Riccardo*, 248 B.R. 717 (Bankr. S.D.N.Y. 2000)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
 In re :
 : Case No. B ()
 : Chapter
 Debtor. :
 -----X

AMENDED STATEMENT OF SOCIAL SECURITY NUMBER(S)

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 number, 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 number, state all.)

/ / Joint Debtor does not have a Social Security Number.

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

x _____
Signature of Debtor
Date

x _____
Signature of Joint Debtor
Date

*Statement of Social Security Number(s) will be "submitted" rather than "filed", and will not be part of the case file available to the parties, bar and public at the counter or over the Internet.

*Joint debtors must provide information for both spouses.

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

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

IN RE:

Case No. _____

Chapter: _____

Debtor(s).

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that (he/she) is a citizen of the United States and resides in _____ County, New York and is of suitable age and discretion as to be competent to serve papers.

That on _____, 20_____, (he/she) served a copy of the

**Amended Statement of Social Security Number,
and Amended Petition (if applicable)**

By placing a true copy thereof in a sealed envelope, with postage fully prepaid, and depositing said envelope in a United States Post Office mailbox in _____, New York, to all the people listed below and on the attached list: (city)

- (1) All Creditors (attach a list of the names and correct addresses of all creditors in the case)
- (2) Office of the United States Trustee
33 Whitehall Street - 21st Floor
New York, New York 10004
- (3) Chapter 7 or 13 Bankruptcy Trustee: _____
(Insert name and address) _____

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

Executed on _____, in _____, New York.
(date) (City)

(Signature) _____
(Printed Name) _____
(Address) _____
