



U. S. Department of Justice

Office of the United States Trustee

*Districts of Maine, Massachusetts,  
New Hampshire and Rhode Island*

*James C. Cleveland Federal Building  
53 Pleasant Street, Suite 2300  
Concord, NH 03301*

*(603) 226-3949  
(603) 225-2208 fax*

## MEMORANDUM

**TO:** Bankruptcy Practitioners + *Pro Se* Debtors

**FROM:** Gerri Karonis, Assistant United States Trustee

**SUBJECT:** Amendments to Petition to Correct Error With Social Security Number

**DATE:** May 7, 2019

Identity fraud is a serious concern. It is vital that counsel take extra care to properly report the debtor's social security number when preparing a bankruptcy petition. If an error in the social security number is detected, the case trustee will direct the debtor's counsel (or debtor if he or she has no attorney) to promptly make the necessary amendment as required by Fed. R. Bankr. P. 1009(c). The case trustee also reports the error to the United States Trustee immediately following the § 341 meeting. Regardless of how the error with the social security number is detected, debtor's counsel (or debtor if he or she has no attorney) must take prompt action to correct this error by filing a Notice of Amendment to the petition.

To encourage accuracy, the following is a suggested checklist when preparing a Notice of Amendment to correct an error made with the debtor's social security number:

### Checklist for Filing Notice of Amendments to a Bankruptcy Petition To Correct Social Security Number

- The Notice of Amendment must contain the signature of both the debtor and his or her attorney (or Debtor alone if he or she has no attorney). **If the petition is a joint filing, both debtors must sign the Notice of Amendment even if only one SSN is incorrect. The signature of the debtor(s) must reflect it is under penalty of perjury.**
- The Notice of Amendment filed with the Court must include the Amendment Cover Sheet (LBF 1009-1A), with the appropriate box checked.
- The Notice of Amendment must be served via U.S. mail on the case trustee, United States Trustee, all creditors, and all parties who have filed a Notice of Appearance. **The Notice of Amendment served via U.S. mail on these parties must contain the debtor's full social security number, but the pleading that is actually filed on the Court's docket via CM/ECF must disclose only the last four digits of the debtor's security number so that the debtor's privacy is protected.**

Service of the pleading that is filed on the Court's docket upon the case trustee, United States Trustee and creditors is insufficient because it will have only the last 4 digits of the debtor's social security number.

- The Notice of Amendment is filed using the CM/ECF Bankruptcy Menu. Choose: "Other/Miscellaneous," then choose the filing event "Amended Schedules/Statements." Select the debtor(s) and at the prompt "What Schedule/Statement" enter "Social Security Number."
- Once the Notice of Amendment is filed, the attorney for the debtor must submit to the Clerk's Office an Amended LBF 5005-4 (or Official Form B 121 for *pro se* Debtors) with the debtor and attorney's "wet signature" thereon, and a copy of the Notice of Electronic Filing as an Exhibit. **If the petition is a joint filing, both debtors must sign the Amended LBF 5005-4 (or Official Form B 121 for *pro se* debtors).**

*See Fed. R. Bankr. P. 1009; Local Rule 1009-1 and Local Bankruptcy Form 1009-1A (Amendment Cover Sheet).*

Unlike other amendments, there is no filing fee to amend the social security number.

A sample Notice of Amendment, Amendment Cover Sheet, LBF 5005-4 and Official Form B 121 are provided.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

In re:

Debtor

Bk. No. \_\_\_\_\_

Chapter \_\_\_\_\_

AMENDMENT COVER SHEET

An amendment to the following petition, lists, schedules or statements is transmitted herewith:

- \_\_\_\_\_ Voluntary Petition
- \_\_\_\_\_ Statement About Your Social Security Number<sup>1</sup>
- \_\_\_\_\_ Statement of Financial Affairs
- \_\_\_\_\_ Schedule A/B – Property<sup>2</sup>
- \_\_\_\_\_ Schedule C – Property You Claim as Exempt
- \_\_\_\_\_ Schedule D – Creditors Who Have Claims Secured by Property<sup>2,3</sup>
- \_\_\_\_\_ Schedule E/F – Creditors Who Have Unsecured Claims<sup>2,3</sup>
- \_\_\_\_\_ Schedule G – Executory Contracts and Unexpired Leases
- \_\_\_\_\_ Schedule H – Co-Debtors
- \_\_\_\_\_ Schedule I – Your Income<sup>2,4</sup>
- \_\_\_\_\_ Schedule J – Your Expenses<sup>2,4</sup>
- \_\_\_\_\_ Form 122A-1 (Chapter 7 Statement of Your Current Monthly Income)<sup>2</sup>
- \_\_\_\_\_ Form 122A-1 Supp (Statement of Exemption from Presumption of Abuse Under § 707(b)(2))
- \_\_\_\_\_ Form 122A-2 (Means Test Calculation)
- \_\_\_\_\_ Form 122B (Chapter 11 Statement of Your Current Monthly Income)<sup>2</sup>
- \_\_\_\_\_ Form 122C-1 (Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period)<sup>2</sup>
- \_\_\_\_\_ Form 122C-2 (Chapter 13 Calculation of Your Disposable Income)
- \_\_\_\_\_ Summary of Assets and Liabilities
- \_\_\_\_\_ List of Creditors<sup>3</sup>
- \_\_\_\_\_ Statement of Intention for Individuals Filing Under Chapter 7
- \_\_\_\_\_ List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders in Chapter 9 or 11 Cases
- \_\_\_\_\_ Disclosure of Compensation of Attorney for Debtor
- \_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

In connection with the filing of this amendment, I acknowledge that I have read and understood the terms of *LBR 1009-1*.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney or *Pro se* Debtor Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tel. No.

<sup>1</sup> Amendment of the debtor's Social Security number requires that an amended *LBF 5005-4* or Official Bankruptcy Form 121 — Statement About Your Social Security Numbers be submitted to the clerk's office, in addition to the filing of the amendment. The amendment must comply with the final four digit Social Security number requirement of Bankruptcy Rule 1005, while the copy mailed to affected parties must list the complete Social Security number.

<sup>2</sup> Attach Summary of Assets and Liabilities.

<sup>3</sup> Fee submitted for Amendment to Schedules D, E/F or the List of Creditors. *No fee is required to change the address of a creditor or to add the name and address of an attorney for a listed creditor.*

<sup>4</sup> Any amendment to Schedule I requires an amendment to Schedule J. Schedule I must always be filed with any amendment to Schedule J.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

In re

Debtor(s)

Chapter  
Case No.

**NOTICE OF AMENDMENT TO PETITION TO  
CORRECT DEBTOR'S SOCIAL SECURITY NUMBER**

Pursuant to Rule 1009(c) of the Federal Rules of Bankruptcy Procedure and Local Bankruptcy Rule 1009-1, the Debtor hereby amends his petition to correct his social security number. Due to a typographical error, the petition as filed contained an incorrect number. The Debtor's correct social security number is \_\_\_\_\_ \*\*\*.

**\*\*\* the Amendment served via U.S. mail on all creditors, case trustee, and United States Trustee must contain the Debtor's full nine digit social security number, just as the § 341 notice originally issued by the Court did.**

**\*\*\*The Amendment filed onto the case docket via CM/ECF must contain ONLY the last four digits of the Debtor's social security number, to comply with Rule 9037.**

Debtors

By: \_\_\_\_\_  
[Debtors' attorney]  
[address  
Phone  
Bar Number]

Dated: \_\_\_\_\_

I/we declare under penalty of perjury that I/we have read the foregoing Notice of Amendment to Petition to Correct Social Security Number and that it is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Debtor

Dated: \_\_\_\_\_

\_\_\_\_\_  
Joint Debtor

Certificate of Service

I hereby certify that on this date I served a copy of the foregoing Notice of Amendment to Debtor's Social Security Number by first class mail, postage prepaid, upon the following

**\*\*\* the Notice of Amendment served via U.S. mail on all creditors, case trustee, and United States Trustee must contain the Debtor's full nine digit social security number, just as the § 341 notice originally issued by the Court included the Debtor's full social security number.**

**\*\*\*The Notice of Amendment filed onto the case docket via CM/ECF must contain ONLY the last four digits of the Debtor's social security number, to comply with Rule 9037.**

Debtors  
[address]

Case Trustee  
[address]

United States Trustee  
53 Pleasant Street  
Suite 2300  
Concord, NH 03301

and all creditors and parties of record  
(see attached matrix)

\_\_\_\_\_  
[Debtors' attorney] or Debtor

Dated:



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE

In re:

\_\_\_\_\_,  
Debtor

Bk. No. \_\_\_\_\_  
Chapter \_\_\_\_\_

**DECLARATION REGARDING ELECTRONIC FILING**

**Part 1 - Declaration of Petitioner/Declarant:**

I, \_\_\_\_\_, the undersigned, hereby declare under penalty of perjury that the information I have given my attorney and the information contained in the document listed below is true and correct to the best of my knowledge and belief. A copy of the Notice of Electronic Filing of the document listed below is attached as Exhibit A.

**Part 2 - Identification of Document:**

- Voluntary Petition, Schedules and Statements consisting of \_\_\_\_\_ pages.  
Full Social Security number of debtor: \_\_\_\_\_  
Full Social Security number of joint debtor: \_\_\_\_\_
- [If petitioner is an individual] I declare under penalty of perjury that the foregoing Social Security number is true and correct.
- [If petitioner is a corporation, partnership or limited liability entity] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.
- Voluntary Petition consisting of \_\_\_\_\_ pages.  
Full Social Security number of debtor: \_\_\_\_\_  
Full Social Security number of joint debtor: \_\_\_\_\_
- [If petitioner is an individual] I declare under penalty of perjury that the foregoing Social Security number is true and correct.
- [If petitioner is a corporation, partnership or limited liability entity] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.
- Schedules and Statements consisting of \_\_\_\_\_ pages.
- Amendment to Petition, Schedules or Statements consisting of \_\_\_\_\_ pages.
- Amendment of Social Security number.  
Full Social Security number of debtor: \_\_\_\_\_  
Full Social Security number of joint debtor: \_\_\_\_\_
- Verified Complaint consisting of \_\_\_\_\_ pages.

- Chapter 13 Plan or Amended Chapter 13 Plan consisting of \_\_\_\_\_ pages.
- Other: \_\_\_\_\_ [insert name of document] dated \_\_\_\_\_, consisting of \_\_\_\_\_ pages.

I understand that this DECLARATION REGARDING ELECTRONIC FILING is to be submitted to the clerk after the above-listed document has been filed electronically but, in no event shall it be submitted later than seven (7) days after the document has been filed. I acknowledge receipt of a copy of the document that is to be electronically filed.

I understand that failure to submit the signed original of this DECLARATION to the court is grounds for dismissal of my case and/or grounds for the court to strike the document identified above from the record in this proceeding.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Name/Title: \_\_\_\_\_

**Part 3 - Declaration of Attorney:**

I declare that, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, that the document identified above is not being presented for any improper purpose; that the claims, defenses, allegations and other legal or factual contentions have, or will have, evidentiary support, and that the denials of factual contentions are warranted. I further certify that the petitioner/declarant signed this Declaration and authorized me to electronically file the document identified above, that I gave the petitioner/declarant a copy of the document identified above that is to be electronically filed, and that the document identified in the attached Notice of Electronic Filing from the CM/ECF system is the document identified above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_

**NOTE: You must attach the Notice of Electronic Filing as an exhibit.**

***(SUBMIT ORIGINAL TO COURT. DO NOT FILE ELECTRONICALLY.)***

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of \_\_\_\_\_

Case number (if known): \_\_\_\_\_

Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taxpayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known to the public. However, the full numbers will be available to your creditors, the U.S. Trustee or bankruptcy administrator, and the trustee assigned to your case.

Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Tell the Court About Yourself and Your spouse if Your Spouse is Filing With You

For Debtor 1:

For Debtor 2 (Only if Spouse is Filing):

1. Your name

First name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Last name \_\_\_\_\_

Part 2: Tell the Court About all of Your Social Security or Federal Individual Taxpayer Identification Numbers

2. All Social Security Numbers you have used

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

You do not have a Social Security number.

You do not have a Social Security number.

3. All federal Individual Taxpayer Identification Numbers (ITIN) you have used

9 \_\_\_\_\_  
9 \_\_\_\_\_

9 \_\_\_\_\_  
9 \_\_\_\_\_

You do not have an ITIN.

You do not have an ITIN.

Part 3: Sign Below

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

Under penalty of perjury, I declare that the information I have provided in this form is true and correct.

X \_\_\_\_\_

Signature of Debtor 1

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

MM / DD / YYYY

Date \_\_\_\_\_

MM / DD / YYYY