

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF Kansas

*In re* )  
 )  
 ) Case No.  
 )  
 Debtor(s) ) Chapter  
 )  
 Address: )  
 ) STATEMENT OF SOCIAL  
 ) SECURITY NUMBER(S)  
 )  
 Last four digits of Social Security No(s): )  
 all of Employer's Tax Identification No(s) [if any]: )  
 )  
 \_\_\_\_\_ )

1. Name of Debtor:

(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:

(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*