

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address <input type="checkbox"/> Debtor(s) appearing without attorney <input type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - <i>Name of</i> DIVISION	
In re: <div style="text-align: right;">Debtor(s).</div>	CASE NO.: CHAPTER: <div style="text-align: center;"> AMENDED STATEMENT OF SOCIAL SECURITY NUMBER(S) OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER(S) [LBR 1007-1(c)] </div>

Check the appropriate box(s) and, if applicable, provide the required information.

1. Name of Debtor(*specify first, middle, and last name*): _____
 - a. Debtor's incorrect Social Security Number as originally provided: ____ - ____ - _____
 Debtor's amended Social Security Number: ____ - ____ - _____
 - b. Debtor's incorrect Individual Taxpayer-Identification Number: ____ - ____ - _____
 Debtor's amended Individual Taxpayer-Identification Number: ____ - ____ - _____
 - c. Correct as originally provided.
2. Name of Joint Debtor(*specify first, middle, and last name*): _____
 - a. Joint Debtor's incorrect Social Security Number as originally provided: ____ - ____ - _____
 Joint Debtor's amended Social Security Number: ____ - ____ - _____
 - b. Joint Debtor's incorrect Individual Taxpayer-Identification Number: ____ - ____ - _____
 Joint Debtor's amended Individual Taxpayer-Identification Number: ____ - ____ - _____
 - c. Correct as originally provided.

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

Date: _____ Signature of Debtor _____

Date: _____ Signature of Joint Debtor _____