IN THE UNITED STATES BANKRUPTCY COURT

FOR THE WESTERN DISTRICT OF PENNSYLVANIA

|  |  |  |
| --- | --- | --- |
| In re: | : |  |
|  | : | Bankruptcy No. |
|  | Debtor(s) : |  |

**DECLARATION RE: ELECTRONIC FILING OF PETITION, SCHEDULES & STATEMENTS**

**FOR INDIVIDUAL DEBTOR NOT REPRESENTED BY COUNSEL**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned debtor, certify that the Bankruptcy petition, statements, schedules and mailing matrix presented to the Clerk for filing is true and correct. I understand that this DECLARATION RE: ELECTRONIC FILING is to be submitted to the Clerk once all schedules have been filed but, in any event, no later than fourteen (14) days following the date the petition was filed unless the time is extended by order of court. I understand that failure to timely submit the signed original of this DECLARATION will result in dismissal of my case pursuant to 11 U.S.C. § 707(a)(3) without further notice.

[ ]  Check box if debtor is a servicemember as defined by the Servicemembers Civil Relief Act of 2003. If debtor becomes entitled to protections of the Act during the bankruptcy case, he shall file an affidavit advising the Court within fourteen (14) days of the date of his change in status.

 I declare under penalty of perjury that the information provided in this petition and the Social Security number(s) listed below are true and correct:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Debtor has a Social Security number and it is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Debtor Check here if Debtor does not have a Social Security number: [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Joint Debtor has a Social Security number and it is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Joint Debtor Check here if Joint Debtor does not have a Social Security number: [ ]

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

 Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone No.