IN THE UNITED STATES BANKRUPTCY COURT

FOR THE WESTERN DISTRICT OF PENNSYLVANIA

|  |  |  |
| --- | --- | --- |
| In re: | : |  |
|  | : | Bankruptcy No. |
| Debtor(s) | : |  |
|  | : | Chapter |
| Movant | : |  |
|  | : | Related to Document No. |
| v. | : |  |
|  | : |  |
| Respondent(s) | : |  |
| (If none, then “No Respondent”) | : |  |

**NOTIFICATION OF DEBTOR’S SOCIAL SECURITY NUMBER**

Name of employer or other party subject to wage attachment:

Debtor’s name:

Debtor’s nine-digit Social Security number: - -

Debtor’s address:

Debtor’s phone number:

This notification is accompanied by a Wage Attachment Order issued by a United States Bankruptcy Judge regarding attachment of the debtor’s wages. The debtor’s Social Security number is being provided to assist in complying with the court order.

**NOTE:** **BECAUSE THIS NOTICE DISCLOSES THE DEBTOR’S FULL SOCIAL SECURITY NUMBER, IT IS TO BE MAILED TO THE EMPLOYER BUT SHALL NOT BE FILED WITH THE BANKRUPTCY COURT.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Attorney for Debtor(s) [or pro se Debtor(s)]

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

(Typed Name)

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

(Address)

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

(Phone No.)

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

List Bar I.D. and State of Admission