

DECLARATION REGARDING CONFIRMATION OF IDENTITY AND SOCIAL SECURITY NUMBER
AND DISCLOSURE OF CONTACT INFORMATION

In re: _____

Bankruptcy Case No. _____

Date of telephonic conference appearance _____

I, _____, am the attorney for the above referenced debtor and I personally verified the following:

1. The identity of the debtor by checking his/her original photo identification:

____ Driver's License (State & number) _____

____ State Identification (State & number) _____

____ Passport (Country, number & expiration date) _____

____ Military Identification (Branch & ID number) _____

2. The following original document as proof of the debtor's social security number:

____ Social Security Card

____ Social Security Administration Statement

____ W-2 Form

____ Employers Health Card or Medical Insurance Card

____ Other (specify) _____

The debtor has provided the following contact information:

1. Electronic Mail Address: _____

2. Telephone Number: _____

In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed this ____ day of _____, 20____, in _____, Texas.

Signature of Attorney Verifying Identity and Social Security Number