

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: \_\_\_\_\_

Please indicate whether debtor needs language translation during the telephonic conference:

\_\_\_\_ No Translation    \_\_\_\_ Spanish Translation    \_\_\_\_ Other Translation: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Attorney identity and Social Security Number