

UNITED STATES BANKRUPTCY COURT  
EASTERN AND WESTERN DISTRICTS OF ARKANSAS

*In re*)

	)	
	)	Case No.
	)	
Debtor(s)	)	Chapter
	)	
Address:	)	
	)	STATEMENT OF SOCIAL
	)	SECURITY NUMBER(S)
Last four digits of Social Security No(s):	)	
all of Employer's Tax Identification No(s) [if any]:	)	
	)	
	)	

1. Name of Debtor:

(Last, First, Middle)

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

Debtor has a social security number and it is:

(If more than one, state all)

Debtor does not have a social security number.

2. Name of Joint Debtor:

(Last, First, Middle)

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

Joint Debtor has a social security number and it is:

(If more than one, state all)

Joint Debtor does not have a social security number.

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

\_\_\_\_\_  
Signature of Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Date

\* Joint Debtors must provide information for both spouses

**PENALTY FOR MAKING A FALSE STATEMENT:** Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571