UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT

In re	)	
	)	CHAPTER _____
	)	
	)	CASE NO. _____
	)	
	)	
Debtor(s).	)	
_____	)	

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter 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 (enter 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 up to $250,000 or up to 5 years imprisonment or both. 18 U.S.C.§§ 152 and 3571.