

TO ALL ECF REGISTERED ATTORNEYS, PARALEGAL & SUPPORT STAFF:

AS OF DECEMBER 1, 2003:

FRBP 1005 WILL BE AMENDED to require the debtor to list all names used in the six years preceding the filing of the petition, and to include on the caption appropriate numerical identifiers, but using only the last four digits of the social security number.

Amended Official Forms 1, 3, 6, 7, 8, 10, 16A and 16C

Petition, Schedules, Statement of Financial Affairs, Proof of Claim Form and other Official Forms will be amended to require debtors and creditors to disclose only the last four digits of the debtor's or creditor's Social Security Number.

Proof of Claim form will be amended to require a wage, salary or other compensation creditor to disclose only the last four digits of the creditor's Social Security Number to afford greater privacy to the creditor. A trustee can request the full information necessary for tax withholding and reporting at the time the trustee makes a distribution to creditors.

FRBP 1007 WILL BE AMENDED to require the debtor to submit a verified statement of his or her full social security number. The statement is not filed in the case and does not become a part of the court record. Therefore, the full social security number does not become a part of the electronic case record that would be available to the public either through the internet access or by a search of the paper records at the court.

New Official Form 21

Statement of Social Security Number(s) (Form B 21) will be added as the new Official Form 21 as a means for the debtor(s) to certify his/her full Social Security Number.

WHEN PETITIONS ARE FILED ELECTRONICALLY, ENTER THE FULL SOCIAL SECURITY NUMBER INTO THE COURT'S DATA ENTRY SCREEN AND RETAIN THE FORM B21 STATEMENT OF SOCIAL SECURITY NUMBER IN YOUR RECORDS.

OFFICIAL FORM B21 SHOULD NOT BE FILED ELECTRONICALLY.

FORM 21. STATEMENT OF SOCIAL SECURITY NUMBER

[Caption as in Form 16A.]

D-R-A-F-T

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.

X _____
Signature of Debtor Date

X _____
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.