

Northern District of New York (Albany Division)

**UNITED STATES TRUSTEE'S INSTRUCTIONS FOR
AMENDMENT OF SOCIAL SECURITY NUMBER**

(Effective 12/01/03) (Revised 12/08/09)

Filing an incorrect social security number can adversely affect another person's credit record. Upon finding that an incorrect social security was used, the debtor's attorney or *pro se* debtor, is required to amend the bankruptcy forms and make sure that all affected entities are made aware of the amendment. The United States Trustee and the case trustee will verify the filing and service of the amendments. In the event timely compliance is not made, the United States Trustee or the case trustee may move the Court for relief.

IF THE ERROR AFFECTS ONLY THE FIRST FIVE DIGITS OF THE SOCIAL SECURITY NUMBER, FOLLOW STEPS ①, ②, & ③.

IF THE ERROR AFFECTS THE LAST FOUR DIGITS, FOLLOW STEPS ①, ②, ③, & ④.

①. Submit, in paper, to the United States Bankruptcy Court Clerk, an Amended Statement of Social Security Number(s) (Form 21) indicating the full and correct social security number. The Clerk of the Court is located at the James T. Foley Court House, 445 Broadway, Suite 330, Albany, NY 12207. (Form available at www.uscourts.gov)

②. Serve, upon all creditors, the chapter 7 or 13 trustee, and the United States Trustee the Amended Statement of Social Security Number(s), (Form 21) reflecting the full and correct social security number.

③. File, with the United States Bankruptcy Court Clerk, a completed Certificate of Service by Mail, certifying service of the Amended Statement of Social Security Number(s) (Form 21) upon all creditors, the chapter 7 or 13 trustee, and the United States Trustee. (Attached is a sample Certificate of Service form). Please attach to the Certificate a list of all creditors, their names and addresses as well as the chapter 7 or 13 trustee's name and address).
DO NOT ATTACH A COPY OF THE AMENDED STATEMENT OF SOCIAL SECURITY NUMBER(S) (FORM 21) TO THE CERTIFICATE OF SERVICE.

COMPLETE STEP ④ ONLY IF THE ERROR AFFECTS THE LAST FOUR DIGITS OF THE SOCIAL SECURITY NUMBER

④. **File**, with the United States Bankruptcy Court Clerk, an amended petition (Form available at www.uscourts.gov) with the correct last four digits of the social security number, pursuant to Fed. R.Bankr. P. 1009 and LBR 1009-1. The filing requirements pursuant to Northern District of New York Local Bankruptcy Rule 1009-1 can be viewed at www.nynb.uscourts.gov, and applicable provisions are noted, in part, below:

- ▶ **Caption.** All amendments must include the name of the Court, case name (as set forth on the petition), case number, chapter number and include the word “Amended” in the title.
- ▶ **Notice of Amendment.** The party filing the amendment shall contemporaneously serve the amendment on all creditors, the Office of the U.S. Trustee, and the Chapter 7 or Chapter 13 trustee appointed in the case.
- ▶ **Filing.** File with the United States Bankruptcy Court the amendment. At the time of filing, the amendment must be accompanied by a Certificate of Service (sample attached) that certifies that a notice of the amendment was served on all creditors, the Chapter 7 or Chapter 13 trustee appointed in the case, and the United States Trustee. (Please include the list of all creditors served, their names and addresses as well as the Chapter 7 or Chapter 13 trustee’s name and address, and the United States Trustee).
- ▶ **Electronic Case Filing System.** The Northern District of New York participates in the Electronic Case Filing System for document filing. The website is www.nynb.uscourts.gov.

Please feel free to contact Diana M. Nuss, Paralegal Specialist, Office of the United States Trustee, Albany, New York at telephone number (518) 434-4553 with any questions.

Failure to amend bankruptcy forms to correct social security number may result in dismissal of case
See, In re Riccardo, 248 B.R. 717 (Bankr. S.D.N.Y. 2000)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK
(Albany Division)

IN RE: _____

Case No. _____

Chapter: _____

Debtor(s).

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that (he/she) is a citizen of the United States and resides in _____ County, New York and is of suitable age and discretion as to be competent to serve papers.

That on _____, 20_____, (he/she) served a copy of the

**Amended Statement of Social Security Number,
and Amended Petition (if applicable)**

By placing a true copy thereof in a sealed envelope, with postage fully prepaid, and depositing said envelope in a United States Post Office mailbox in _____, New York, to all the people listed below and on the attached list: (city)

(1) All Creditors (attach a list of the names and correct addresses of all creditors in the case)

(2) Office of the United States Trustee
74 Chapel Street, Suite 200
Albany, New York 12207

(3) Chapter 7 or 13 Bankruptcy Trustee:
(Insert name and address)

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

Executed on _____, in _____, New York.
(date) (City)

(Signature) _____

(Printed Name) _____

(Address) _____
