Name, Address, Telephone No. & I.D. No.

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| **UNITED STATES BANKRUPTCY COURT**  SOUTHERN DISTRICT OF CALIFORNIA  325 West F Street, San Diego, California 92101-6991 | |
| In Re | Debtor(s) | BANKRUPTCY NO. |

# AMENDMENT

Presented are the following original documents [Check one or more boxes as appropriate]:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Voluntary Petition | | |
|  | Attachment to Chapter 11 Voluntary Petition for Non-Individuals | | |
|  | Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum & 206Sum) | | |
|  | Schedule A/B: Property (Form 106A/B & 206A/B) | | |
|  | Schedule C: The Property You Claim as Exempt (Form 106C) | | |
|  | Schedule D-F: Creditors Who Have Claims Secured by Property (Form 106D & 206D), Creditors Who Have Unsecured Claims (Form 106E/F & 206E/F) and/or Matrix, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009 | | |
|  | |  | Adding or deleting creditors (electronic media), changing amounts owed or classification of debt - $32.00 fee required. See instructions on reverse side. |
|  | |  | Correcting or deleting other information. See instructions on reverse side. |
|  | Schedule G: Executory Contracts & Expired Leases (Form 106G & 206G) | | |
|  | Schedule H: Your Co-Debtor (Form 106H) | | |
|  | Schedule I: Your Income (Form 106I) | | |
|  | Schedule J: Your Expenses (Form 106J) | | |
|  | Schedule J-2: Expenses for Separate Household of Debtor 2 (Form106J-2) | | |
|  | Statement of Financial Affairs for Individuals Filing for Bankruptcy (Form 107 & 207) | | |
|  | Chapter 7 Statement of Your Current Monthly Income (Form 122A-1) | | |
|  | Chapter 7 Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Form 122A-1Supp) | | |
|  | Chapter 7 Means Test Calculation (Form 122A-2) | | |
|  | Chapter 11 Statement of Your Current Monthly Income (Form 122B) | | |
|  | Chapter 13 Statement of Current Monthly Income and Calculation of Commitment Period (Form 122C-1) | | |
|  | Chapter 13 Calculation of Your Disposable Income (Form 122C-2) | | |
|  | Other: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dated: |  |  | Signature |  |
|  |  |  |  | Attorney for Debtor |

# Debtor(s) signature required on page 2. Server’s signature required on page 3.

# DECLARATION OF DEBTOR

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | I [We] |  | | and |  | | | , the debtor(s), hereby |
| declare under penalty of perjury that the information set forth in the amendment attached hereto, consisting of | | | | | | | | |
| pages, and on the creditor matrix electronic media, if any, is true and correct to the best of my [our] information and belief. | | | | | | | | |
|  | | | | | | | | |
| Dated: | | |  | | |  |  | |
|  | | | \*Debtor Signature | | |  | \*Joint Debtor Signature | |

\*If filed electronically, pursuant to LBR 5005-4(C), the original debtor signature(s) in a scanned format is required.

# INSTRUCTIONS

1. Each amended page is to be in the same form as the original but is to contain **only the information to be changed or added**. Pages from the original document which are not affected by the change are not to be attached.
   1. Before each entry, specify the purpose of the amendment by inserting:
      1. "ADDED," if the information was missing from the previous document filed; or
      2. "CORRECTED," if the information modifies previously listed information; or
      3. "DELETED," if previously listed information is to be removed.
   2. At the bottom of each page, insert the word "AMENDED."
   3. Attach all pages to the cover page and, *if a Chapter 7, 11, or 12 case*, serve a copy on the United States Trustee, trustee (if any) and/or the members of a creditors' committee. *If a Chapter 13 case*, serve a copy on the trustee; DO NOT serve a copy on the United States Trustee.
2. Comply with Local Bankruptcy Rule 1009 when adding or correcting the names and/or addresses of creditors (electronic media required when Amendment submitted on paper) or if altering the status or amount of a claim.

# Amendments that fail to follow these instructions may be refused.

**\*\*Amendments filed after the case is closed are not entitled to a refund of fees\*\***

**PROOF OF SERVICE**

I, whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

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| --- | --- | --- | --- | --- |
|  | I served a true copy of this **Amendment** onthe following persons listed below via the following method(s): | | | |
|  | | | | |
| 1. | **To Be Served by the Court via Notice of Electronic Filing (“NEF”)**: | | | |
|  |  | | | |
|  | Under controlling Local Bankruptcy Rules(s) (“LBR”), the document(s) listed above will be served by the court | | | |
| via NEF and hyperlink to the document. On | |  | , I checked the CM/ECF docket for this | |
| bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below: | | | | |
|  | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | Chapter 7 Trustee: | | | | |  | | | | | | | |  | | For Chapter 7, 11, & 12 cases: | |  | For Chapter 13 cases: | |  |  | UNITED STATES TRUSTEE  ustp.region15@usdoj.gov | |  | MICHAEL KOCH, TRUSTEE  mkoch@ch13.sdcoxmail.com | | | | |

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| 2. | **Served by United States Mail**: | | | | |
|  |  | | | | |
|  | On |  | , I served the following person(s) and/or entity(ies) at the last known address(es) | | |
| in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows: | | | | | |
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| 3. | **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail**: | | |
|  | | | |
|  | Under Fed.R.Civ.P.5 and controlling LBR, on |  | , I served the following person(s) |
| and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery, and/or electronic mail as follows: | | | |
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|  | I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct. | | |
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| Executed on |  |  |  |
|  | (Date) |  | (Typed Name and Signature) |
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|  | | | (Address) |
|  | | | |
|  | | |  |
|  | | | (City, State, ZIP Code) |