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

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|       |  |
| **UNITED STATES BANKRUPTCY COURT**SOUTHERN DISTRICT OF CALIFORNIA325 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 - $34.00 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;

|  |  |
| --- | --- |
|  | 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: |
|       |
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|  |  |
| --- | --- |
|  [ ]  | Chapter 7 Trustee:       |
|  |
|  [ ]   | For Chapter 7, 11, & 12 cases: | [ ]  | For Chapter 13 cases: |
|  |  | UNITED STATES TRUSTEEustp.region15@usdoj.gov |  | MICHAEL KOCH, TRUSTEEmkoch@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: |
|  |  |
|       |
|  | 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) |
|  |
|  |       |
|  | (Address) |
|  |
|  |       |
|  | (City, State, ZIP Code) |