UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW HAMPSHIRE

In re:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Bk. No. \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

 Debtor Chapter \_\_\_\_\_\_

**DECLARATION REGARDING ELECTRONIC FILING**

**Part 1 - Declaration of Petitioner/Declarant:**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby declare under penalty of perjury that the information I have given my attorney and the information contained in the document listed below is true and correct to the best of my knowledge and belief. **A copy of the Notice of Electronic Filing of the document listed below is attached as Exhibit A.**

**Part 2 - Identification of Document:**

☐ Voluntary Petition, Schedules and Statements consisting of \_\_\_\_\_ pages.

 Full Social Security number of debtor: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

 Full Social Security number of joint debtor: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

 ☐ [If petitioner is an individual] I declare under penalty of perjury that the foregoing Social Security number is true and correct.

 ☐ [If petitioner is a corporation, partnership or limited liability entity] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

☐ Voluntary Petition consisting of \_\_\_\_\_ pages.

 Full Social Security number of debtor: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

 Full Social Security number of joint debtor: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

 ☐ [If petitioner is an individual] I declare under penalty of perjury that the foregoing Social Security number is true and correct.

 ☐ [If petitioner is a corporation, partnership or limited liability entity] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

☐ Schedules and Statements consisting of \_\_\_\_\_ pages.

☐ Amendment to Petition, Schedules or Statements consisting of \_\_\_\_\_ pages.

 ☐ Amendment of Social Security number.

 Full Social Security number of debtor: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

 Full Social Security number of joint debtor: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

☐ Verified Complaint consisting of \_\_\_\_\_ pages.

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☐ Chapter 13 Plan or Amended Chapter 13 Plan consisting of \_\_\_\_\_ pages.

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name of document] dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_, consisting of \_\_\_\_\_ pages.

 I understand that this DECLARATION REGARDING ELECTRONIC FILING is to be submitted to the clerk after the above-listed document has been filed electronically but, in no event shall it be submitted later than seven (7) days after the document has been filed. I acknowledge receipt of a copy of the document that is to be electronically filed.

 **I understand that failure to submit the signed original of this DECLARATION to the court is grounds for dismissal of my case and/or grounds for the court to strike the document identified above from the record in this proceeding.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3 - Declaration of Attorney:**

 I declare that, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, that the document identified above is not being presented for any improper purpose; that the claims, defenses, allegations and other legal or factual contentions have, or will have, evidentiary support, and that the denials of factual contentions are warranted. I further certify that the petitioner/declarant signed this Declaration and authorized me to electronically file the document identified above, that I gave the petition/declarant a copy of the document identified above that is to be electronically filed, and that the document identified in the attached **Notice of Electronic Filing**from the CM/ECF system is the document identified above.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: You *must* attach the Notice of Electronic Filing as an exhibit.**

***(SUBMIT ORIGINAL TO COURT. DO NOT FILE ELECTRONICALLY.)***

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