

****Send to creditors – DO NOT FILE WITH COURT****

Attorney or Debtor Name, Address, Phone, Fax, Email:



UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
1132 Bishop Street, Suite 250
Honolulu, Hawaii 96813

hib_1009-2b (11/16)

Debtor:

Case No.:

Joint Debtor:
(if any)

Chapter:

NOTICE OF CORRECTED SOCIAL SECURITY NUMBER

[Instructions to debtor(s): If the Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) provided to the court with your petition was incorrect, you must submit an amended B121 – Statement of SSN or ITIN. You must also send this notice to all creditors and parties in interest, the trustee, the Office of the United States Trustee, and the credit reporting agencies listed at the bottom of this form. **DO NOT FILE this document with the court** – file only a certificate of service showing the names and addresses of parties served this notice.]

NOTICE IS HEREBY GIVEN:

The Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) of the Debtor or the Joint Debtor originally provided to the court for giving notice of the bankruptcy case, meeting of creditors, and certain deadlines was incorrect. The correct information is stated below.

Name of Debtor/Joint Debtor	Full (9-digit) SSN / Full ITIN

The undersigned declares under penalty of perjury that the foregoing is true and correct.

Dated: _____

Signature of Debtor/Joint Debtor

Printed Name

Notice must be sent to the following credit reporting agencies:

EQUIFAX
P.O. Box 740256
Atlanta, GA 30374

TRANSUNION
Consumer Dispute Center
P.O. Box 2000
Chester, PA 19016

EXPERIAN
P.O. Box 4500
Allen, TX 75013

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