

ATTY Name
Atty Address
Atty Address
Atty Phone No.:
Atty Fax No.:

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

In re:

Chapter 13
Case No:

DECLARATION REGARDING
LACK OF INCOME

"
"

.....Debtor(s)

I, _____ hereby declare the following:

I have not received any employment income for the six-month period prior to the month of the filing of this Bankruptcy.

I declare this statement is true and correct under penalty of perjury. Executed this _____ day of _____, 20____, in _____, California.

Debtor