United States Bankruptcy Court Western District of Wisconsin

| In re: | | |
|--|--------------------------------|--|
| | Debtor(s) | |
| | | Case Number: |
| | DECLARA | TION RE: ELECTRONIC FILING |
| PART I - DECLARAT | TION OF PETITIONER: | |
| I[We] and, the undersigned debtor(s), corporate officer, partner, of member, hereby declare under penalty of perjury that the information I have given or will give my attorney and the information provided in the electronically filed petition, statements and schedules is true and correct. I consent to my attorney sending my petition, this declaration, statements and schedules and any future amendments of these documents to the United States Bankruptcy Court, United States Trustee and Panel Trustee. I understand that this DECLARATION RE: ELECTRONIC FILING is to be filed with the Clerk after the petition has been filed electronically but, in any event, no later than 5 business day after the petition has been filed. I understand that failure to file the signed original of this DECLARATION may cause my case to be dismissed. | | |
| may proceed under cha | pter 7, 11, 12, or 13 of Title | parily consumer debts and has chosen to file under chapter 7] I am aware that I e 11, United States Code, understand the relief available under each such request relief in accordance with the chapter specified in the petition. |
| provided in this petition | | nited liability entity] I declare under penalty of perjury that the information at I have been authorized to file this petition on behalf of the debtor. The debtor ified in this petition. |
| Signed: | D.1. | |
| | Debtor | Joint Debtor |
| Dated: | (If jo | int case, both spouses must sign) |
| | Authorized | Corporate Officer, Partner, or Member |
| PART II - DECLARA | TION OF ATTORNEY: | |
| statements. I have info | rmed the individual petition | r(s) signed this Declaration before I submitted the petition, schedules, and ner that he and/or she may proceed under chapter 7, 11, 12, or 13 of Title 11, available under each such chapter. |
| Dated: | Signed: | |
| | | Attorney for Debtor(s) print here: Wisconsin Bar Number: Attorney Address, phone, fax and e-mail: |