

UNITED STATES BANKRUPTCY COURT
FOR THE
WESTERN DISTRICT OF KENTUCKY

IN RE:

CASE NUMBER:

CHAPTER:

Debtor(s)

AMENDMENT TO SCHEDULES

INSTRUCTIONS:

1. Check applicable boxes below and describe details of amendment in box provided.
2. **For amendments to schedules other than D or E/F**, it is acceptable to check the box on this form, type a brief description in the box for details and attach a new schedule. ANY CHANGES to D, E/F or the mailing matrix must be made using the format on Page 2 of this form; if amendment does not comply, it may be stricken.
3. Debtor may use this form to amend the Social Security Number but amendments to the Social Security Number must be filed separately from other amendments (and if filed electronically, using the separate event for Amendment to Social Security Number).

CHECK THE APPLICABLE BOXES BELOW:

- Amendment to Petition:**
 - Name Address Alias Social Security Number
- Statement of Financial Affairs**
- Statement of Intention**
- Schedule A/B**
- Schedule C**
- Schedule D or Schedule E/F**
 - Add/Delete creditors or change amount or classification of debt - **Fee Required**, or
 - Change address of a creditor listed on the schedules – **No Fee Required**
- Schedule G**
- Schedule H**
- Schedule I**
- Schedule J**
- Other Document Included with Schedules, e.g., Disclosure of Compensation of Attorney**

Additional Details of Amendment (attach separate page if needed):

AFFIRMATION OF DEBTOR(S): I declare under penalty of perjury that I have read this document and any attached schedules or documents, and that they are true and correct to the best of my knowledge, information and belief.

DATE: _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

Name(s) of Debtor(s):

Case Number:

CORRECTIONS TO SCHEDULES D, E/F AND/OR THE CREDITORS MATRIX

INSTRUCTIONS:

1. For all changes, the schedule on which creditor is/will be listed should be noted.
2. Each creditor or list of creditors should indicate whether creditors are being added, deleted, or modified in another way, e.g., “change amount to _____,” or “move creditor from D to E/F.” For added or deleted creditors, the full name and address of the creditor should be listed.
3. For creditors whose addresses are being corrected, the current address of the creditor on file with the Court and the new one should both be listed and labeled appropriately so the Court can update the correct creditor.

If the amendment lists you as a creditor, you have 90 days from the certification of mailing of the amendment in which to file a proof of claim (CHAPTER 7 ASSET AND CHAPTER 13 CASES ONLY)

**FOR ADDITIONAL CHANGES TO SCHEDULES D, E/F AND/OR THE CREDITORS MATRIX,
INSERT A NEW PAGE AND CONTINUE**

UNITED STATES BANKRUPTCY COURT
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IN RE:

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Debtor(s)

**CERTIFICATE OF SERVICE AND
NOTICE OF AMENDMENT TO SCHEDULES**

INSTRUCTIONS:

1. Debtor or debtor's attorney should complete and file the certificate of service with a complete list of all parties and creditors served.
2. Debtor or debtor's attorney must serve the amendment on all affected parties and creditors, e.g., any added or modified creditors, the trustee, and/or other parties listed on or affected by the amendment. Parties who receive electronic service such as the trustee and U.S. Trustee should be listed on the certificate of service but it is not necessary to serve a copy by mail on these parties.
3. Any added creditor or creditor for whom a new address is being filed must be sent a copy of the Notice of Bankruptcy Case (Official Form 309 – All Chapters) and a copy of the Chapter 13 Plan (Chapter 13 Cases).
4. For changes to the names, aliases or Social Security Number of the debtor(s), a certificate of service and service by the debtor/debtor's attorney on all parties and creditors in the case is required.

CERTIFICATION OF SERVICE

I hereby certify that on _____ (DATE), a copy of the attached Amendment to Schedules and, if required, a copy of Official Form 309 – Notice of Bankruptcy Case and the Chapter 13 Plan was served upon the following by first class mail:

DATE: _____

SIGNATURE: _____