**UNITED STATES BANKRUPTCY COURT**

**DISTRICT OF RHODE ISLAND**

IN RE: BK No.

Debtor(s) Chapter

**DEBTOR CHANGE OF ADDRESS FORM**

1. **Name of Debtor(s):**
2. **Debtor’s Tax ID or SSN Number: (last 4 digits only)**:
3. **Old Address:**

Names(s):

Mailing Address:

City, State, Zip Code:

1. **New Address:**

Mailing Address:

City, State, Zip Code:

**Check all that apply (you must check one):**

\_\_\_ I am listed as a debtor in the above referenced case.

\_\_\_ I am the debtor’s authorized agent (attach copy of power of attorney or statement of authority, if any).

\_\_\_ I am the Attorney representing the debtor in this case.

I , hereby declare under penalty of perjury that the foregoing is true and correct.

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

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_