



**ZOOM VIDEOCONFERENCE FORM**

The undersigned Debtor(s) will appear via videoconference at the §341 Meeting, scheduled for the date and time listed below. Debtor(s) and debtor(s)' attorney understand the limitations of videoconference technology and waive any claims or objections which may arise from conducting the §341 Meeting by videoconference including, but not limited to, the disclosure of personally identifiable information. Debtor(s) and debtor(s)' attorney further understand that it is Debtor(s)' and/or attorney's responsibility to ensure Debtor(s) will have adequate hardware and connectivity and that Debtor(s) will be in a location appropriate to conduct an adequate §341 Meeting free from excessive noise and disruption. In her discretion, the Trustee may require the §341 Meeting to be rescheduled if these requirements are not satisfied.

Please complete the following:

1. Debtor Case Number		
2. Debtors Name		
3. Date of §341 Meeting		
4. Time of §341 Meeting		
5. Debtor Attorney/Firm Name		
6. Location of Debtor During Meeting?	With Attorney	Separate from Attorney
7. Translator Needed for Meeting?	Translator Needed Language	Translator not Needed

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Debtor's Signature

\_\_\_\_\_  
Joint Debtor's Signature

\_\_\_\_\_  
Attorney for Debtor(s)' Signature

Case Number



**VERIFICATION OF IDENTIFICATION AND SOCIAL SECURITY NUMBER**

8. I have reviewed the form of **identification indicated below**, the name on the identification matches the name on the bankruptcy petition, and I have attached a copy:

	Driver's License	State		DL#	
	State Issued ID Card	State		ID#	
	Passport	Country		# & Exp. Date	
	Military ID	Branch		ID#	

9. I have reviewed the **debtor's social security number on the document indicated below**, the social security number matches what was reported to the court on the debtor's bankruptcy case, and I have attached a copy:

*Note:* The full Social Security Number must be displayed on the documents listed below in order to verify SSN.

	Social Security Card		ITIN Card		W-2 (Year)
	SA Statement		Medicare Card		IRS Form 1099
	Pay Stubs (Month/Year)				

In accordance with 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Attorney for Debtor(s) or Notary