

<div>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</div> <div><input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)</div>		<div>FOR COURT USE ONLY</div>	
<div>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - **SELECT DIVISION**</div>			
<div>In re:</div> <div>Debtor(s).</div>		<div>CASE NO.:</div> <div>CHAPTER:</div>	
		<div>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]</div>	
		<div>[No hearing required]</div>	

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☐ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (*Check only ONE box below*):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

_____ Printed name of Debtor 1 _____ Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (*Check only ONE box below*):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____
Printed name of Debtor 2 _____
Signature of Debtor 2 _____