

LOCAL FORM 5005-7(c)(3)(B)

Debtor name(s): _____

**DECLARATION UNDER PENALTY OF PERJURY CONCERNING PETITION, SCHEDULES,
SUMMARY OF SCHEDULES, AND STATEMENT OF FINANCIAL AFFAIRS**

Each of the undersigned declares under penalty of perjury —

(1) My attorney is filing on my behalf

☐ the original of or ☐ the amendment to
[check applicable box]

the following papers in the United States Bankruptcy Court for the Northern District of Georgia (check applicable box for papers that are to be filed simultaneously with this Declaration);

☐ *Petition	☐ Schedule F
☐ List of all Creditors	☐ Schedule G
☐ *List of 20 largest creditors	☐ Schedule H
☐ Schedule A	☐ Schedule I
☐ Schedule B	☐ Schedule J
☐ Schedule C	☐ *Declaration Concerning Debtor's Schedules
☐ Schedule D	☐ *Statement of Financial Affairs
☐ Schedule E	

(2) that I have read each of the documents described above;

(3) that with respect to each document described above marked with an asterisk, I signed the Declaration under penalty of perjury attached to or part of such document; and

(4) that when I signed this Declaration, the foregoing documents were not blank or partially complete; and

(5) that the information provided in the above documents is true and correct to the best of my knowledge, information and belief.

Dated: _____

Signature: _____

Type or Print Name: _____

Signature: _____

Type or Print Name: _____

(If Joint Debtors, Both Must Sign)

Attorney's Certification

The undersigned attorney for the above Debtor(s) certifies to the Court that: (1) the Debtor(s)(or, if the Debtor is an entity, an authorized agent of the Debtor) will have signed this form and the documents referred to above before I file them; (2) no material change was made in the documents referred to above after the Debtor(s) (or authorized agent) read and signed the final paper copy of those documents, including Declarations attached to those documents and the foregoing Declaration; and (3) those documents are the documents filed with the court simultaneously with this Certification.

Dated: _____

Type or Print Name: _____

Bar Number: _____

