

**UNITED STATES DISTRICT COURT
DISTRICT OF IDAHO**

Case Number:

STATEMENT OF SOCIAL SECURITY NUMBER(S)

Petitioner's Name *(enter full name)* _____

Social Security Number ____ - ____ - ____ OR; (check if applicable)

Petitioner does not have Social Security Number

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

Signature of Petitioner

Date

Filed under Seal

Penalty for making a false statement: Fine up to \$250,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571