

**UNITED STATES BANKRUPTCY COURT**  
**District of Massachusetts**

**NOTICE OF ADDRESS CHANGE:  
PAYMENT AND/OR NOTICE ADDRESS**  
(Local Form: 18 )

Name of Debtor(s):

Case Number:

**SUPPLEMENT RELATING TO  
EXISTING PROOF OF CLAIM**

If you filed a claim, use this form to change an address to where payments and/or notices should be sent.

**DO NOT USE THIS FORM IF: (A) There is no proof of claim on file; (B) Information other than or in addition to the payment and/or notice address is being changed on a filed claim; OR (C) You are the transferee of the claim and no evidence of a claim transfer has been filed. See Fed. R. Bankr. P. 3001(e)(1)-(4) et seq.**

Court Claim Number:

Last four digits of any account by  
which creditor identifies Debtor(s):

Name of Creditor (the person or other entity to whom the debtor owes the money or property):

**COURT USE ONLY**

Name and Address where notices should be sent:

Check this box if there is no change to the address where notices should be sent.

*NOTE: If this box is checked, no change will be made to the notice address on record.*

Telephone Number:

email:

Name and Address where payments should be sent:

Check this box if there is no change to the address where payments should be sent.

*NOTE: If this box is checked, no change will be made to the payment address on record.*

Telephone Number:

email:

**Signature**

Check appropriate box below:

- I am the creditor
- I am the attorney for the creditor
- I am the creditor's authorized agent (Attach copy of power of attorney or statement of authority, if any).

I declare under penalty of perjury that the address information provided in this Notice of Address Change/Supplement Relating to Existing Proof of Claim is true and correct to the best of my knowledge, information and reasonable belief.

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

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Email address (required): \_\_\_\_\_ Telephone number (required): \_\_\_\_\_

**INSTRUCTIONS: NOTICE OF ADDRESS CHANGE: PAYMENT AND/OR NOTICE ADDRESS**

United States Bankruptcy Court, District of Massachusetts Local Form \_\_\_\_

A creditor has a continuing obligation to keep the Court informed of its current address. See Fed. R. Bankr. P. 2002(g)

**Items to be completed in this Notice of Address Change/Supplement Relating to Existing Proof of Claim**

**Name of Debtor(s):**

Fill in the full name of the Debtor(s).

**Case Number:**

Enter the case number. (XX-XXXXX)

**Name of Creditor:**

Enter in the name of the creditor. The creditor is the person or other entity to whom the debtor or debtors owes the money or property.

**Court Claim Number:**

Fill in the claim number to which this Supplement will apply. If no claim has been filed, DO NOT USE THIS FORM.

**Last four digits of any account by which creditor identifies debtor(s):**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor(s).

**Name and Address where notices should be sent:**

Fill in the updated name and address of the person or entity who should receive notices issued during the bankruptcy case. If no change is being made to the address noted on the claim on file, check the box. If the box is checked, no change will be made to the notice address records on file.

**Name and Address where payments should be sent:**

Fill in the updated name and address of the person or entity who should receive payments issued during the bankruptcy case. If no change is being made to the address noted on the claim on file, check the box. If the box is checked, no change will be made to the payment address records on file.

**Date and Signature:**

The individual completing this Notice of Address Change/Supplement Relating to Existing Proof of Claim must sign and date it. See Fed. R. Bankr. P. 9011. If this form is filed electronically, Fed. R. Bankr. P. 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Please refer to Massachusetts Electronic Filing Rules, Appendix 8 of the Massachusetts Local Bankruptcy Rules (available at <http://www.mab.uscourts.gov>). If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of Fed. R. Bankr. P. 9011(b). Whether the Notice of Address Change/Supplement Relating to Existing Proof of Claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this Notice of Address Change/Supplement Relating to Existing Proof of Claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the Notice of Address Change/Supplement Relating to Existing Proof of Claim is filed by an authorized agent, provide both the name of the individual filing the Notice of Address Change/Supplement Relating to Existing Proof of Claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a Notice of Address Change/Supplement Relating to Existing Proof of Claim.

**-Information -**

**Acknowledgment of Filing of Notice of Address Change /Supplement Relating to Existing Proof of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this Notice of Address Change /Supplement Relating to Existing Proof of Claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your document.