



U. S. Department of Justice
Office of the United States Trustee
Eastern District of New York
Brooklyn, New York

201 Varick Street, Suite 1006
New York, New York 10014
Telephone: 212.510.0500
Facsimile: 212.668.2255

TRUSTEE ELECTION QUESTIONNAIRE

CASE NAME:
CASE NUMBER:

YOUR FULL NAME: _____
(Note: If you are an attorney for the creditor or the creditor 's representative, you must attach a proxy to this ballot.)

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____ FAX: _____ E-MAIL _____

AMOUNT OF UNSECURED CLAIM: \$ _____

BRIEFLY DESCRIBE YOUR CLAIM: _____

Please attach a copy of your proof of claim and documentation of your claim.

IF YOUR CLAIM IS PARTIALLY SECURED, PLEASE SET FORTH THE AMOUNTS THAT ARE RESPECTIVELY SECURED AND UNSECURED: _____

IS YOUR CLAIM:

ALLOWABLE? _____ YES _____ NO
FIXED? _____ YES _____ NO
LIQUIDATED? _____ YES _____ NO
UNSECURED? _____ YES _____ NO

IS YOUR CLAIM ENTITLED TO DISTRIBUTION UNDER ANY OF THE FOLLOWING PROVISIONS OF THE BANKRUPTCY CODE:

- Section 726(a)(2)? _____ YES _____ NO
- Section 726(a)(3)? _____ YES _____ NO
- Section 726(a)(4)? _____ YES _____ NO
- Section 752(a)? _____ YES _____ NO
- Section 766(h)? _____ YES _____ NO
- Section 766(i)? _____ YES _____ NO

DO YOU OR AN ENTITY OR INDIVIDUAL YOU REPRESENT HOLD AN INTEREST MATERIALLY ADVERSE TO THE INTERESTS OF CREDITORS ENTITLED TO A DISTRIBUTION IN THIS CASE? _____ YES _____ NO

IF YES, PLEASE EXPLAIN. _____

DO YOU OR THE INDIVIDUAL OR ENTITY YOU REPRESENT HOLD AN EQUITY INTEREST IN THE DEBTOR? _____ YES _____ NO

IF YES, PLEASE DESCRIBE THE NATURE AND VALUE OF THE EQUITY INTEREST.

ARE YOU OR THE INDIVIDUAL OR ENTITY YOU REPRESENT AN **INSIDER** AS THAT TERM IS DEFINED IN SECTION 101(31) OF THE BANKRUPTCY CODE (e.g. a relative, a related or affiliated entity, an officer, director, partner, manager, shareholder or employee)? _____ YES _____ NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE RELATIONSHIP. _____

WAS YOUR VOTE SOLICITED? _____ YES _____ NO

IF YES, BY WHOM WERE YOU CONTACTED? _____

ADDITIONAL INFORMATION _____

YOU MUST SUBMIT THIS FORM WITH A COPY OF YOUR PROOF OF CLAIM (Official Bankruptcy Form No. B-10), INCLUDING DOCUMENTS EVIDENCING YOUR CLAIM, AND PROXY, IF ANY, TO ALICIA M. LEONHARD, ASSISTANT UNITED STATES TRUSTEE, VIA EMAIL TO _____@usdoj.gov

PLEASE SIGN AND DATE THIS QUESTIONNAIRE BELOW. FAILURE TO SIGN THIS FORM WILL RENDER YOUR VOTE INVALID.

I hereby certify that the above answers to this questionnaire are true and correct to the best of my knowledge and belief.

Dated: _____

Signature

Title