

U.S. Department of Justice

Office of the United States Trustee Region 15 Districts of Hawaii, Guam, and Commonwealth of the Northern Mariana Islands

1132 Bishop Street, Suite 602 Honolulu, HI 96813 Phone: (808) 522-8150 Fax: (808) 522-8156

January 24, 2020

Via email only: «Email»

«First_Name» «Last_Name», Esq.
«Address_Line_1»
«City» «State» «ZIP_Code»

RE: «Case_Name»

Case No.: «Case Number»

Dear «Title» «Last_Name»:

The United States Trustee has called an Initial Debtor Interview in the above referenced case. The interview will be held on «Date» at «Time» in Suite 602, 1132 Bishop Street, Honolulu, Hawaii.

The debtor(s) and counsel are required to attend. The purpose of the interview will be to discuss the bankruptcy case and reporting requirements. The United States Trustee's Operating and Reporting Requirements are located on our website at: http://www.justice.gov/ust/r15/honolulu/chapter11.htm. The debtor(s) are required to conform with each reporting requirement unless waived in writing by this office. Proof of liability and casualty insurance shall be provided immediately. Additionally, the debtor(s) are to make every effort to bring the required documents to this meeting (see enclosure).

All individual debtors are required to bring photo identification and proof of social security number to the § 341(a) Meeting of Creditors. In Chapter 11 cases, this information is to be provided to the United States Trustee's representative (or to the Chapter 11 trustee if one is appointed) at the §341(a) meeting.

If the Debtor has a Domestic Support Obligation, he/she must provide the two statutorily required written notices to the holder of the domestic support obligation (DSO) claim and the appropriate state child support enforcement agency. See 11 U.S.C. § 1106(a)(8) and (c)(1). The address of the agency can be found at http://www.justice.gov/ust/eo/bapcpa/ds/index.htm.

While the Bankruptcy Code is silent on the timing of the first required notice, you should send them generally no later than three business days after the meeting of creditors is held. However, you may send the notices at any time prior to the meeting of creditors. You must send the second required notice to DSO claim holder and the state child support enforcement agency when a discharge is granted.

Email: Anson.T.Okimoto@usdoj.gov

«First_Name» «Last_Name», Esq. January 24, 2020

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In order to assist state child support enforcement agencies in identifying debtor's with DSOs, you must include the Debtor's full Social Security number on those notices going to the State child support enforcement agency, except where prohibited by state law or regulation. The Debtor's full Social Security number should not be included on the notices going to the DSO claim holder. If you choose to file the notice with the court, you should ensure that the Social Security number is redacted from the notice.

Please contact the undersigned if there are any questions regarding the case.

Thank you for your help.

Yours truly,

/s/Anson T. Okimoto Bankruptcy Analyst

Enclosures (3)



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January 24, 2020

«First_Name» «Last_Name», Esq. «Address_Line_1» «City», «State» «ZIP_Code»

Re: AUTHORIZATION FOR DIRECT CONTACT

«Case_Name»; Bankruptcy Case No. «Case_Number»

Dear «Title» «Last_Name»:

Regulations promulgated by the Attorney General restrict direct communication between employees of the Office of the United States Trustee and the debtor without the permission of debtor's counsel.

Most communication occurring between Program employees and debtors is administrative in nature relating to the United States Trustee's statutory duty to supervise the administration of bankruptcy cases.

In order to comply with these regulations, we request that you sign an authorization which will allow us to communicate directly with the debtor regarding administrative and financial matters such as insurance coverage, bank account information, monthly operating reports, quarterly fees and post-confirmation reports.

If you agree to the provisions stated above, please sign a copy of this letter where indicated and return it to us. The authorization may be rescinded at any time by giving us written notice of rescission.

If you do not agree, all communication with the debtor will be directed to you. If the debtor initiates any contact with us, we will advise him or her that we may communicate only with you.

If the United States Trustee files or has a contested motion or an adversary proceeding against the debtor, all contact regarding that matter will be with counsel.

Please return the original of this document to the Office of the United States Trustee.

Very truly yours,

AUTHORIZATION

Tiffany Carroll	I authorize direct contact with the above debtor		
Acting United States Trustee	in accordance with the terms contained herein		
Region 15			
By: /s/ Anson Okimoto			
•	Counsel for the Debtor		



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STATUS OF THE UNITED STATES TRUSTEE **OPERATING AND REPORTING REQUIREMENTS** FOR A DEBTOR-IN-POSSESSION

In re:	«Case	Name»

Case No.: «Case_Number»

The Debtor-In-Possession ("DIP") shall comply with all provisions of the United States Trustee Operating and Reporting Requirements for Chapter 11 Cases, unless waived below as indicated by the initials of the analyst assigned to the case.

1. Please provide the following documents no later than the Initial Debtor Interview date.

	<u>NEED</u>	RCV'D	WAIVED	
A.				Proof of adequate insurance coverage (provide immediately):
				Certificate Adding U.S. Trustee to liability insurance
	<u> </u>			Certificate adding U.S. Trustee to casualty insurance
B.				Closing of pre-petition bank accounts and opening of DIP accts
				General DIP bank a/c (sig card or voided check)
				Payroll DIP bank a/c (sig card or voided check)
				Tax DIP bank a/c (sig card or voided check)
C.				Real Property Questionnaire(s)
D.				Deed(s) for Owned Real Property
E.				Appraisal(s) obtained within 1 year of filing
F.				Projected 6 month Profit and Loss Statement
G.				Physical inventory (products for resale)
H.				Most recent financial statements
I.				Copies of bank statements for last 6 months
J.				Copies of check registers for last 6 months
K.				Copies of tax returns for the last 2 years
L.				Estate tax ID number(s) for individual debtor(s)

	<u>N</u>]	EED	RCV'D	WAIVED		
	M.				including all be	ment employees and their current salaries, enefits; a list of officers and directors and their including all benefits) paid within the past twelve
	N.				Depository Wa	iver, executed (form enclosed)
	O.				Authorization f	for Direct Contact, executed (form enclosed)
2.	notice The fo	to Debtor. llowing pro		-		e been previously waived by providing written to the United States Trustee can properly supervise
		<u>NEED</u>	RCV'D	WAIVED		
	P.				Monthly Opera	ting Report
	Q.				Substantial or C Rule 2015.3, fi	t Regarding Entities in which the Debtor holds a Controlling Interest (20% or more). Pursuant to rst report must be filed and served seven days prior editors meeting date.
						TIFFANY L. CARROLL ACTING UNITED STATES TRUSTEE
Dated: January 24, 2020				By:	/s/Anson Okimoto Bankruptcy Analyst	
		eived a copy Possession:		s of the Unite	ed States Trustee	Operating and Reporting Requirements for a
Da	ted:				By:	«First_Name» «Last_Name» Attorney for the Debtor(s)

(Signature)

UNITED STATES DEPARTMENT OF JUSTICE OFFICE OF THE UNITED STATES TRUSTEE

RELEASE

To: All Banks, Depositories and Financial Institutions RE: «Case_Name»; Bankruptcy Case «Case_Number»

I, the undersigned, hereby authorize all banks, depositories and financial institutions (hereafter collectively "Depositories") to release to the United States Trustee, Region 15, and successors in office ("UST"), or UST's designee, any and all information requested by UST regarding any and all deposit accounts maintained by the undersigned ("Bankruptcy Accounts") at all Depositories and containing estate funds, trust funds, and operating expense funds in or related to cases administered by the undersigned under the provisions of title 11, United States Code ("Bankruptcy Code") (all such accounts being hereafter collectively referred to as "Bankruptcy Accounts"), at any time. This Release authorizes Depositories to provide to UST all information pertaining to Bankruptcy Accounts, including, but not limited to, copies of bank statements, deposit slips, checks, electronic images, Image Replacement Documents, withdrawal slips, debits, or any other document evidencing any transaction affecting any Bankruptcy Accounts. This Release does not apply to any of the undersigned's personal accounts or the trust accounts of the undersigned's law firm.

This Release shall remain in full force and effect so long as any Bankruptcy Accounts are maintained at any Depositories, whether or not the undersigned is administering cases under the Bankruptcy Code.

Date Signed:	
(Signature)	(Address)
«Case_Name» (Printed Name & Title (e.g., Debtor-in-Possession))	
<u>VERIFICA</u>	ATION
I, the undersigned, hereby declare under the pe being voluntarily signed and delivered to UST and with the understanding and expectation the Depositories may so rely on, the foregoing pro-	for the benefit of UST and all Depositories, at all Depositories will rely on, and all
	Dated: