**OFFICE OF THE UNITED STATES TRUSTEE**

**CASE STATUS QUESTIONNAIRE**

(attach additional sheets if necessary)

**\*\*\* Please Print or Type \*\*\***

CASE NAME:

CASE NUMBER:

DATE FILED:

**BUSINESS INFORMATION:**

FUNCTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF EMPLOYEES:\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE STARTED/INCORPORATED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENT FOR SERVICE:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**CORPORATE OFFICERS, PARTNERS OR SOLE PROPRIETORSHIP:**

**NAME, HOME ADDRESS, TITLE, PERCENT OF OWNERSHIP, SALARY-PAST 12 MONTHS**

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CONDITION WHICH CAUSED THE CHAPTER 11 PETITION TO BE

FILED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PROPOSED PLAN OF REORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FINANCIAL CONDITION AS OF FILING DATE (estimates are acceptable):

CASH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INVENTORY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNTS RECEIVABLE (TOTAL):\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT UNCOLLECTIBLE:\_\_\_\_\_\_\_\_\_\_\_\_

FIXTURES & EQUIPMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VEHICLES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REAL ESTATE:

**LOCATION/DESCRIPTION VALUE DEBT LIEN HOLDER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PAGE 2 **Case Status Questionnaire**

ACCOUNTS/NOTES RECEIVABLE FROM OFFICERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER SIGNIFICANT ASSETS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE AN EMPLOYEE BENEFIT PLAN? \_\_\_\_\_YES \_\_\_\_\_NO

IF YES, ARE YOU AWARE OF ANY ISSUES WITH RESPECT TO THE BENEFIT PLAN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LIABILITIES**

OWING UNSECURED/TRADE ACCOUNTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # OF ACCTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAXES:

 **TAXING AUTHORITY AMOUNT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WAGES OWED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO. CLAIMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RENT OWED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTHS IN ARREARS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNTS OR NOTES PAYABLE TO OFFICERS:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECURED DEBTS: (Do not repeat obligations listed under real estate)

 **SECURED PARTY AMOUNT COLLATERAL**

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INSURANCE COVERAGE: (Please check below)

\_\_\_ a. General Comprehensive Public Liability Insurance.

\_\_\_ b. Fire and Theft Insurance.

\_\_\_ c. Workers’ Compensation Insurance.

\_\_\_ d. Vehicle Insurance.

\_\_\_ e. Any other insurance coverage customary in debtor’s business:

 e.g. Dram Shop, Products Liability, etc...

NAME OF AGENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDENTIFY THOSE CREDITORS WHO ARE “INSIDERS” AS DEFINED IN

11 U.S.C. 101(31) (examples are relatives, officers, directors, etc.)

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 **I hereby certify that the information provided above is true and correct to the best of my information and belief.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_