UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF MICHIGAN

«Division» DIVISION

|  |  |
| --- | --- |
| In re:  «CaseCo\_Name»  Debtor(s).  / | Case Number: «Case\_No»  Chapter 11  HON. «Judge» |

STATEMENT OF DEBTOR-IN-POSSESSION

UNDER F.R.BANK.P. 9011

For the month of , 20

The Debtor-in-Possession states:

Attached is a complete and accurate (check appropriate lines).

\_\_\_\_\_ Balance Sheet

\_\_\_\_\_ Profit and Loss Statement

\_\_\_\_\_ Cash Receipts and Disbursements Report

\_\_\_\_\_ Status Report (Questionnaire)

\_\_\_\_\_ Bank Statements

As Debtor-in-Possession, I affirm:

1. That the insurance, as described in section 5 of the Notice of Operating Instructions and Reporting Requirements, is in effect, and
2. That all post-petition taxes, as described in section 9 of the Notice of Operating Instructions and Reporting Requirements, are current.
3. No professional fees (accountant, attorneys, etc.) have been paid without specific court authorization. Explain below if not true.

These statements contained within have been completed on a \_\_\_\_ CASH \_\_\_\_\_ ACCRUAL BASIS.

I understand that any false statement may subject me to sanctions as provided for in F.R.Bankr.P. 9011. These statements are due the 20th day following the end of the month and must be filed with the court.

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

Date , Debtor-in-Possession

|  |  |  |  |
| --- | --- | --- | --- |
| **BALANCE SHEET**  As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ | | | |
| **ASSETS** | | | |
|  | **Current** | **Prior Month** | **At Filing** |
| **CURRENT ASSETS:** |  |  |  |
| Cash | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Inventory | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Accounts Receivable (Net) | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Receivable from Officers, Employees, Etc | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Other Current Assets | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| **TOTAL CURRENT ASSETS……………………...** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **FIXED ASSETS:** |  |  |  |
| Land | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Building | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Equipment, Furniture and Fixtures | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Less: Accumulated Depreciation | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| **NET FIXED ASSETS………………………………** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Other Fixed Assets | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL ASSETS………......................................** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **LIABILITIES** | | | |
| **POST PETITION LIABILITIES:** |  |  |  |
| Accounts Payable | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Notes Payable | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Rents and Leases Payable | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Taxes Payable | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Accrued Interest | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| **TOTAL POST PETITION………………………..** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **PRE PETITION LIABILITIES:** |  |  |  |
| Priority Claims | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Secured Debt | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| Unsecured Debt | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |
| **TOTAL PRE PETITION LIABILITIES…………** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL LIABILITIES…………………………….** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **OWNER(S)' NET WORTH** | | | |
| Capital Stock or Owners' Investment | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Retained Earnings: | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Pre-petition | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| Post-petition | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL OWNER(S)' NET WORTH………………** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL LIAB. AND OWNER(S)' NET WORTH..** | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Case Name: «CaseCo\_Name»  Case Number: «Case\_No» | | |
| **PROFIT AND LOSS STATEMENT** | | |
| For the Period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ | | |
| To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ | | |
|  | **Current** | **Total Since Filing** |
| **PERSONAL RECEIPTS:** |  |  |
| 1. Wages, Personal Service Income | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Gifts | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Other (Itemize) | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Less: contributions to 401k accounts | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL INCOME………………………………………...** | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PERSONAL DISBURSEMENTS:** |  |  |
| 1. Rent, House Payment(s) | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Groceries | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Utilities | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Automobile Expense: | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle Payment $\_\_\_\_\_\_\_\_\_ |  |  |
| Gas and Oil $\_\_\_\_\_\_\_\_\_ |  |  |
| Maintenance $\_\_\_\_\_\_\_\_\_ |  |  |
| **TOTAL AUTOMOBILE EXPENSE…………………..** | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Medical Expense | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Clothing | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Insurance (Not wage deducted) | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Auto $\_\_\_\_\_\_\_\_\_ |  |  |
| Heath $\_\_\_\_\_\_\_\_\_ |  |  |
| Life $\_\_\_\_\_\_\_\_\_ |  |  |
| Other $\_\_\_\_\_\_\_\_\_ |  |  |
| **TOTAL INSURANCE……………………………………………** | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Restaurants | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Laundry and Cleaning | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. Newspapers, periodicals, etc. | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. Recreation | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. Child Care | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 13. Alimony or Child Support | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| (Not deducted from wages) |  |  |
| 14. Other Expenses (explain) | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| 15. Other Expenses (explain) | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL MONTHLY EXPENDITURES………………………..** | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EXCESS INCOME OVER EXPENSES…………………………** | $\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |

U.S. DEPARTMENT OF JUSTICE

UNITED STATES TRUSTEE

EASTERN DISTRICT OF MICHIGAN

Case Name: «CaseCo\_Name»

Case Number: «Case\_No»

CASH RECEIPTS AND DISBURSEMENTS REPORT

FOR THE MONTH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | DIP CHECKING |  | CASH |  |  |
|  | ACCOUNT |  | TRANSACTIONS |  | TOTAL |
| CASH ON HAND |  |  |  |  |  |
| BEGINNING OF PERIOD | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| RECEIPTS DURING THE |  |  |  |  |  |
| CURRENT PERIOD |  |  |  |  |  |
| (see attached schedule) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| BALANCE AVAILABLE | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| DISBURSEMENTS DURING |  |  |  |  |  |
| THE CURRENT PERIOD |  |  |  |  |  |
| (see attached schedule) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| TRANSFERS IN (OUT) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| CASH ON HAND |  |  |  |  |  |
| END OF PERIOD | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ATTENTION : Please enter the TOTAL DISBURSEMENT from all your accounts, including cash and excluding transfers. This number will determine the amount of your quarterly fee. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

U.S. DEPARTMENT OF JUSTICE

UNITED STATES TRUSTEE

EASTERN DISTRICT OF MICHIGAN

Case Name: «CaseCo\_Name»

Case Number: «Case\_No»

RECEIPTS LISTING

FOR THE MONTH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Bank:

Location:

Account Name:

Account Number:

DATE RECEIVED DESCRIPTION[[1]](#footnote-1) AMOUNT

**TOTAL…………………………………………………...............................$**

(Should agree with receipts on Cash & Disbursements Report)

U.S. DEPARTMENT OF JUSTICE

UNITED STATES TRUSTEE

EASTERN DISTRICT OF MICHIGAN

Case Name: «CaseCo\_Name»

Case Number: «Case\_No»

DISBURSEMENTS LISTING[[2]](#footnote-2)

FOR THE MONTH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Bank:

Location:

Account Name:

Account Number:

DATE DISBURSED CHECK NO. PAYEE PURPOSE AMOUNT

**TOTAL…………………………………………………...............................$**

(Should agree with receipts on Cash & Disbursements Report)

U.S. DEPARTMENT OF JUSTICE

UNITED STATES TRUSTEE

EASTERN DISTRICT OF MICHIGAN

Case Name: «CaseCo\_Name»

Case Number: «Case\_No»

QUESTIONNAIRE

1. Have you paid all your bills on time this month? ( ) YES ( ) NO

If not, please provide the necessary information in the space provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE DUE** | **PAYEE** | **DESCRIPTION** | **AMOUNT** |
| \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

2. What tax forms are you required to file?

Are they current?

3. Are you required to make estimated payments (1040 ES)? ( )YES ( )NO

If yes, are you current with payments? ( )YES ( )NO

4. Are your real estate taxes paid through all current billings? ( )YES ( )NO

5. Is all your insurance paid up-to-date? ( )YES ( )NO

6. Did you have any unusual or significant unanticipated expenses this month? ( )YES ( )NO

7. Do you have any bank accounts open other than the DIP? ( )YES ( )NO

8. Have you sold any assets this month? ( )YES ( )NO

9. Have you borrowed money from anyone this month? ( )YES ( )NO

10. Have you paid bills you owed before you filed bankruptcy? ( )YES ( )NO

11. Are you current with your quarterly fee payment to the U.S. Trustee? ( )YES ( )NO

1. Receipts may be identified by major categories. It is not necessary to list each transaction separately by name and customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month. All receipts must be deposited in the DIP account. [↑](#footnote-ref-1)
2. You must create a separate list for each bank account from which disbursements were made during the month. [↑](#footnote-ref-2)