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 ACCOUNT	CASH 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]	AMOUNT

TOTAL…….....$_____
(Should agree with receipts on Cash & Disbursements Report)

[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.

U.S. DEPARTMENT OF JUSTICE
UNITED STATES TRUSTEE
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Case Name: «CaseCo_Name»

Case Number: «Case_No»

DISBURSEMENTS LISTING[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)

[2] You must create a separate list for each bank account from which disbursements were made during the month.

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