

**UNITED STATES TRUSTEE - REGION VIII
CHAPTER 11 INITIAL REPORT INSTRUCTIONS**

This Instruction Page is for the debtor to use in preparing certain documents which will comprise the Initial Report. THE INITIAL REPORT SHOULD BE COMPLETED IN ITS ENTIRETY FOR THE INITIAL DEBTOR CONFERENCE.

The items to be included in the Initial Report are as follows:

- 1. Initial Report Checklist. Exhibit A should be completed indicating all documents to be supplied at the initial conference.**
- 2. Initial Debtor Conference Information Sheet. Exhibit B consists of two pages identifying areas of concern which will be addressed during the initial conference.**
- 3. Certification of Receipt of Operating Guidelines and Designation of Specific Individuals. All debtors are required to attest to their receipt of the operating guidelines and reporting requirements on Exhibit C. If the Debtor is a Corporation, Partnership or LLC, there must also be a designation of the individual who will be responsible for discharging the duties of the debtor-in-possession. This person will be expected to attend the initial conference, the §341(a) meeting of creditors, disclosure statement hearing, confirmation hearing and any other significant hearings convened in this case. Debtors must also designate the individual who will be responsible for preparing all financial reports required by the Court or United States Trustee.**
- 4. Bank Account Declaration of Debtor. All prepetition bank accounts are required to be closed as of the date the Petition is filed and new debtor-in-possession accounts opened. All debtors must declare on Exhibit D under penalty of perjury the location of their prepetition and postpetition bank accounts. See the “Designated Depositories file on the website for a list of financial institutions which may be utilized for the new accounts. Also included in Exhibit D is (1) a Statement for Depository, listing the signatories on the new accounts, and (2) a Release authorizing the financial institution to provide information on the accounts to the U. S. Trustee. Debtors should bring with them verification of account designations and account numbers, along with a sample copy of a voided check on each account.**
- 5. Insurance Expiration Statement. All debtors are required to declare the current status of their insurance policies on Exhibit E. The operating guidelines provide details on the types of coverage that are required. Copies of the declaration pages from the policies must be attached to Exhibit E. The debtor must notify the United States Trustee of any material change, cancellation or nonrenewal of the policies listed.**
- 6. All other documents listed on attached Initial Report Checklist.**

INITIAL REPORT CHECKLIST
[EXHIBIT A]

CASE NAME: _____

CASE NUMBER: _____ **DATE:** _____

Please check items supplied at Initial Debtor Conference:

INFORMATION FOR INITIAL DEBTOR CONFERENCE IS COMPLETED AND ATTACHED (Exhibit B).

CERTIFICATION OF RECEIPT OF OPERATING GUIDELINES AND DESIGNATION OF SPECIFIC INDIVIDUALS IS COMPLETED AND ATTACHED (Exhibit C).

BANK ACCOUNT DECLARATION OF DEBTOR AND DEBTOR-IN-POSSESSION STATEMENT FOR DEPOSITORY IS COMPLETED AND ATTACHED (Exhibit D), ALONG WITH VOIDED CHECKS FROM NEW BANK ACCOUNTS.

INSURANCE EXPIRATION STATEMENT IS COMPLETED AND ATTACHED (Exhibit E), ALONG WITH COPIES OF DECLARATION PAGES.

COPY OF MOST RECENT FEDERAL INCOME TAX RETURN, ALONG WITH ALL SCHEDULES AND ATTACHMENTS, IS ATTACHED.

COPIES OF THE MOST RECENT FINANCIAL STATEMENTS, AUDITED AND/OR UNAUDITED, ARE ATTACHED (BALANCE SHEET AND INCOME STATEMENT), AS FOLLOWS:

YEAR-END

YEAR-TO-DATE

MONTHLY

COPY OF MOST RECENT BUDGET (IF ONE HAS BEEN PREPARED) IS ATTACHED.

INTERNAL CONTROL INFORMATION FOR THE SMALL BUSINESS OWNER (CHECK INDICATES YOU HAVE READ THIS DOCUMENT IF APPLICABLE)

INFORMATION FOR INITIAL DEBTOR CONFERENCE
[EXHIBIT B]

DATE: _____

CASE NAME: _____

CASE NUMBER: _____

BUSINESS INFORMATION:

FUNCTION: _____

NUMBER OF EMPLOYEES: _____ DATE STARTED/INCORPORATED: _____

CORPORATE OFFICERS, PARTNERS OR SOLE PROPRIETOR:

NAME	TITLE	% OF OWNERSHIP	SALARY(past 12 mos.)

CONDITIONS WHICH CAUSED THE CHAPTER 11 PETITION TO BE FILED: _____

PROPOSED PLAN OF REORGANIZATION: _____

FINANCIAL CONDITION AS OF FILING DATE: [NOTE - YOU DO NOT NEED TO COMPLETE THE REMAINDER OF EXHIBIT B IF YOU HAVE FILED BANKRUPTCY SCHEDULES A-F]

CASH BALANCE: _____ INVENTORY: _____

DO YOU EXPECT CASH ON DEPOSIT AT ANY ONE FINANCIAL INSTITUTION TO EXCEED \$100,000 WHILE THE CHAPTER 11 CASE IS PENDING? (YES/NO)

ACCTS. RECEIVABLE (TOTAL): _____ AMOUNT UNCOLLECTIBLE: _____

FIXTURES & EQUIPMENT: _____ VEHICLES: _____

REAL ESTATE:

LOCATION/DESCRIPTION	VALUE	DEBT AMOUNT	LIEN HOLDER

ACCOUNTS/NOTES RECEIVABLE FROM OFFICERS:

OTHER SIGNIFICANT ASSETS: _____

OWING UNSECURED/TRADE ACCOUNTS: _____ # OF ACCTS: _____

TAXES:

TAXING AUTHORITY

AMOUNT

[NOTE: CALL IRS IN NASHVILLE TO OBTAIN PAYMENT AMOUNT- FOR AMOUNTS UNDER \$150,000 - NAMES BEGINNING WITH A-E (615) 250-5722; F-L (615) 250-6021; M-Z (615) 250-5636. FOR AMOUNTS OVER \$150,000 CALL (615) 250-6023]

WAGES OWED: _____ # CLAIMS:

RENT OWED: _____ MOS. 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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CREDITORS WITH SECURITY INTEREST IN CASH COLLATERAL (E.G., PROCEEDS OF INVENTORY, ACCOUNTS RECEIVABLE) INCLUDING IRS IF LIEN ATTACHED:

SECURED PARTY	TYPE OF CASH COLLATERAL
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COMMENTS:

CERTIFICATION OF RECEIPT OF OPERATING GUIDELINES
AND DESIGNATION OF SPECIFIC INDIVIDUALS
[EXHIBIT C]

CASE NAME: _____

CASE NO.: _____

I hereby certify that I have received from the Office of the United States Trustee the Guidelines for Debtors-in-Possession. Further, I hereby certify that I have read and understand the Guidelines, and I agree to perform in accordance with said Guidelines. I also designate below, as provided under Bankruptcy Rule 9001(5), the individual responsible for discharging the duties of the Debtor under 11 U.S.C. §1107 and as may be required by the Court or the United States Trustee. Also designated is the individual responsible for the preparation of all financial reports as required by the Court or the United States Trustee.

(Date)	(Signature)
	(Title)
	(Printed Name of Signatory)

DUTIES OF DEBTOR:

PREPARATION OF FINANCIAL REPORTS:

BY: _____
 (Signature)

BY: _____
 (Signature)

NAME: _____
 (Print or type)

NAME: _____
 (Print or type)

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE
 WORK: _____
 HOME: _____
 EMAIL: _____

TELEPHONE
 WORK: _____
 EMAIL: _____

The undersigned, as counsel for the debtor, has read and reviewed with the debtor, the Guidelines discussed above. The U. S. Trustee is hereby authorized to contact the above designated individuals regarding administrative matters concerning the Chapter 11 case unless instructed otherwise in writing.

(Date)	(Attorney for Debtor)
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BANK ACCOUNT DECLARATION
[EXHIBIT D]

CASE NAME: _____ **CASE NUMBER:** _____

All prepetition bank accounts of the above-captioned debtor were closed, as shown on the attached list. Include the following headings on the list:

- 1. Depository name and city**
- 2. Name on account**
- 3. Type of account (checking, money market, etc.)**
- 4. Interest bearing? (Yes or No)**
- 5. Purpose of account (operating, payroll, etc)**
- 6. Account number**
- 7. Date closed**

All monies have been transferred to the debtor in possession bank accounts shown on the attached list (attach copy of voided check for each account). Include the following headings on the list:

- 1. Depository name and city**
- 2. Name on account**
- 3. Type of account (checking, money market, etc.)**
- 4. Interest bearing? (Yes or No)**
- 5. Purpose of account (operating, payroll, etc)**
- 6. Account number**
- 7. Date opened**

I declare under penalty of perjury that the information provided above and on any attachment hereto is true to the best of my knowledge and belief.

(Date)

(Signature)

(Title)

(Printed Name of Signatory)

DEBTOR-IN-POSSESSION STATEMENT FOR DEPOSITORY

To: Designated Depository

From: Office of the United States Trustee

Case Name: _____

Bankruptcy Case No: _____

Date: _____

The Debtor-in-Possession has stated that the depository (from the attached listing) for the above styled case is

(Designated Depository)

This authorization may be used to establish one or more accounts at the selected depository.

The authorized signatories on these accounts, which must be indicated below, may be determined by the debtor, an officer of the debtor, a general partner of the debtor, or the debtor's attorney.

Authorized Signatories	Title
_____	_____
_____	_____
_____	_____

Debtor or Debtor's Attorney

**Bankruptcy Analyst
Office of United States Trustee
Region 8, Kentucky/Tennessee**

**UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE UNITED STATES TRUSTEE**

RELEASE

To: All Banks, Depositories and Financial Institutions

I, the undersigned, hereby authorize all banks, depositories and financial institutions (hereafter collectively "Depositories") to release to the United States Trustee, Region 8, 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 debtor at all Depositories and containing estate funds in or related to cases pending 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 shall remain in full force and effect so long as any Bankruptcy Accounts are maintained at any Depositories.

_____ (Signature)	_____ (Address)
_____ (Printed name)	_____
_____ (Title)	_____
_____ (Bankruptcy Case Name)	_____
_____ (Bankruptcy Case Number)	
_____ (Date)	

**INSURANCE EXPIRATION STATEMENT
[EXHIBIT E]**

CASE NAME _____ **CASE NO.** _____

*** Attach copy of certificate showing coverage amounts and expiration dates and showing U. S. Trustee as “Certificate Holder” (party to be notified in the event of cancellation) for each policy listed.**

NAME OF INSURANCE COMPANY	TYPE OF INSURANCE (LIABILITY, PROPERTY, WORKERS COMP., AUTO)	NAME OF I N D I V I D U A L AGENT	EXPIRATION DATE OF POLICY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare under penalty of perjury that the information provided above and on any attachments hereto is true and correct to the best of my knowledge and belief.

(Date)

(Signature)

(Title)

(Printed Name of Signatory)