

DEBTOR: _____

CASE NUMBER: _____

**OFFICE OF THE UNITED STATES TRUSTEE
DISTRICT OF ALEXANDRIA/DISTRICT OF COLUMBIA DIVISIONS
MONTHLY OPERATING REPORT
CHAPTER 11
INDIVIDUAL DEBTORS**

**Form 3
COVER SHEET AND QUESTIONNAIRE**

For Period Ended: _____

THIS REPORT MUST BE FILED WITH THE COURT 15 DAYS AFTER THE END OF THE MONTH

Debtor must attach each of the following reports / documents unless the U. S. Trustee has waived the requirement in writing.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1 Cash Flow Statement (Page 2)
<input type="checkbox"/>	<input type="checkbox"/>	2 Cash Reconciliation(s) and Narrative (Page 3)
<input type="checkbox"/>	<input type="checkbox"/>	3 Cash Receipts Detail (Page 4)
<input type="checkbox"/>	<input type="checkbox"/>	4 Cash Disbursements Detail (Page 5)
<input type="checkbox"/>	<input type="checkbox"/>	5 Receipts and Disbursements Recap Case to Date (Page 6)
<input type="checkbox"/>	<input type="checkbox"/>	6 Bank Statements for All Bank Accounts (remember to redact all but last four digits of bank account number)

QUESTIONNAIRE

Yes

No

Please answer the questions below for the month being reported:

- | | | |
|---|-------|-------|
| 1. Did you deposit all receipts into your DIP account this month? | _____ | _____ |
| 2. Are all insurance policies current and in effect? | _____ | _____ |
| 3. Have all taxes been timely filed and paid? | _____ | _____ |
| 4. Did you pay all your bills on time this month? | _____ | _____ |
| 5. Are you current on U.S. Trustee quarterly fees payments? | _____ | _____ |
| 6. Did you borrow money from anyone this month? | _____ | _____ |
| 7. Did you paid any bills you owed before you filed for bankruptcy? | _____ | _____ |
| 8. Do you have any bank accounts open other than the DIP account? | _____ | _____ |

I declare under penalty of perjury that this Monthly Operating Report, and any statements and attachments are true, accurate and correct to the best of my belief.

Executed on: _____

Signature (Debtor): _____

Print name: _____

Signature (Co-Debtor, if one): _____

Print name: _____

DEBTOR: _____ 0

Case Number: _____ 0

BANK RECONCILIATIONS

Month ending: Jan-00	Acct #1	Acct #2	Acct #3	Acct #4
Name of Bank:				
Last four digits of account				
Purpose of Acct (Personal or Business)				
Type of account (Checking or Savings)				
Balance per Bank Statement				
ADD: Deposits not credited (attach list)				
SUBTRACT: Outstanding check (attach list)				
Other reconciling items (attach list)				
Month end Balance (Must agree with books)	0.00	0.00	0.00	0.00
TOTAL OF ALL ACCOUNTS				0.00 (2)

Note: Attach a copy of the bank statement and bank reconciliation for each account

AMOUNTS OWED TO OTHERS at the end of the Month (post petition)

- Personally (attach list stating who, amount, when due)	
- Business (if applicable) (attach list)	
TOTAL OWED POST PETITION	0.00

AMOUNTS OWED TO YOU at the end of the Month (both pre and post petition)

- Personally (attach list stating who, amount, when due)	
- Business (if applicable) (attach list)	
TOTAL AMOUNT OWED TO YOU	0.00

NARRATIVE

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring transactions that are reported in the cash flow statement and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

(2) Total of all accounts should equal page 2, line 5 - Ending Cash Balance.

