

**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: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

CONDITION WHICH CAUSED THE CHAPTER 11 PETITION TO BE  
FILED: \_\_\_\_\_

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

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

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

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
_____			
_____			
_____			
_____			

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?

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

**LIABILITIES**

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

TAXES:

**TAXING AUTHORITY**

**AMOUNT**

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

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**

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

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.)

\_\_\_\_\_

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

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

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

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