

# INFORMATION FOR INITIAL DEBTOR INTERVIEW

Today's Date:			
<b>DEBTOR INFORMATION</b>			
Case Name:		Case Number:	
Case Contact:	Telephone:	E-Mail:	
Debtor Attorney:	Telephone:	E-Mail:	
Type of Debtor:			
Individual(s)*	General Partnership	C-Corporation	
Sole Proprietorship*	Limited Partnership	S-Corporation	
Professional Association	Limited Liability Partnership	Limited Liability Corporation	
*Domestic Support Obligations? (if an individual or sole proprietorship)		*Attended Credit Counseling in last 6 mos? (if an individual or sole proprietorship)	
Yes	No	Yes	No
<b>BUSINESS INFORMATION</b>			
Start Up Date:	Formation Date:	Number of Employees :	
Does case qualify as:		§101(51B) Single Asset Case	§101(51C) Small Business Case
Description of Business:			
Average Monthly Income:		Average Monthly Expenses:	
Identification of corporate officers, partners, members, and/or owners:			
Name	Title	% Interest	Salary/Frequency
<b>CASE INFORMATION</b>			
Briefly explain the reason(s) the bankruptcy was filed:			
Proposed Plan:			
Reorganization		Liquidation	
Provide a brief summary of your overall plan:			

**ASSET INFORMATION**

Provide the estimated value of assets as of the filing date:

Cash

Accounts Receivable (Total)

% Uncollectible:

Fixtures and Equipment

Inventory

Vehicles

Real Estate:

Location/Description

Value

Debt

Lienholder(s)

Receivables from Officers

DESCRIPTION

Other Assets

Has the Debtor and/or any of the Debtor's assets been part of a prior bankruptcy?

Yes

No

Explain:

**LIABILITY INFORMATION**

Provide the estimated liabilities as of the filing date:

Unsecured/Trade Payables

Number of Accounts:

Taxes:

Taxing Authority

Amount

Applicable Periods

Wages Owed

Rent Owed

Months in Arrears

Payables to Officers

Secured Debts (not already listed under above under real estate debts)

Secured Party

Amount

Collateral

Other Liabilities (include unliquidated, contingent, or disputed liabilities)

DESCRIPTION

**ADDITIONAL NOTES & COMMENTS**

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**APARTMENT COMPLEX ADDENDUM**

Name of Apartment Complex:		Date Purchased:	
Address of Complex:			
Number of Units:		Rent Range:	Occupancy Rate:
Year Built:	Condition of Property:		
	Excellent	Good	Fair      Poor
Name of Management Company:		Related Party?	
		Yes	No
Management Company Representative:		Telephone:	
Address of Management Company:			
Management Fee:		Is Management Co. responsible for all salaries?	
		Yes	No
Does the Management Co. operate any other properties currently in C11? If yes, please list below:			