INFORMATION FOR INITIAL DEBTOR INTERVIEW

Today's Date:	Translation Services Needed? ☐ Yes ☐ No

DEBTOR INFORMATION

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) ☐ Yes ☐ No	*Attended Credit Counseling in last 6 mos? (if an individual or sole proprietorship) ☐ Yes ☐ No

BUSINESS INFORMATION

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

CASE INFORMATION

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

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:	

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