

CASE STATUS QUESTIONNAIRE

Date _____

Case Name: _____

Case Number: _____

Joint Admin? YES NO

BUSINESS INFORMATION

Function: _____

Number of employees (approx) _____ Date started/Incorp: _____

Corporate offices, Partners etc...:

(Attach addtl pages if necessary)

Name	Title	% of ownership	Salary (past 12mos)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions which caused the Chapter 11 petition to be filed: _____

Proposed plan of reorganization: _____

Financial condition as of filing date: (estimates are acceptable)

Cash: _____ Inventory: _____

A/R: _____ Amount uncollectable: _____

Furniture & Equip. _____ Vehicles: _____

Real estate YES / NO – fill out real estate questionnaire if any.

A/R from officers: _____

Other significant assets: _____

LIABILITIES

Unsecured / Trade Accounts _____

Taxes: _____

Wages: _____

Rent: _____

Accounts or Notes payable to officers: _____

Secured Debts:

Secured Party	Amount	Collateral

Insurance coverage:

Agent _____ Phone # _____

Type of coverage: _____

Identify those creditors that are known "insiders" _____

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

Date _____

Debtor
By: _____
Its: _____

FORM A
Declaration Concerning Bank Accounts

Case Name: _____

Case Number: _____

I hereby declare under penalty of perjury that the following is a list of all prepetition bank accounts used by the debtor during the year preceding the filing of the bankruptcy petition, whether in the name of the debtor, or in another name other than that of the debtor:

Name of Bank	Account Number	Is account "Open" or "Closed"?	If account is "Closed", indicate date closed	\$ balance at time of closing

OR

_____ I have contacted the bank and initiated closing procedures as of _____, 201__, and that the accounts will be closed as soon as the bank completes the closeout process/procedure.

_____ I further declare under penalty of perjury that all funds have been transferred to 'debtor in possession' accounts and that said accounts consist of the following:

<u>Type of account</u>	<u>Account number</u>	<u>Name of Bank</u>
General Checking Account No.	_____	_____
Payroll Checking Account No.	_____	_____
Tax Checking Account No.	_____	_____
Cash Collateral Account No.	_____	_____
Other	_____	_____

The information provided above is true and correct to be best of my knowledge and belief.

Dated: _____, 201__

Signature of Debtor or Debtor's Representative

Title/Position

FORM C
CERTIFICATION AND RECEIPT OF OPERATING INSTRUCTIONS AND REPORTING REQUIREMENTS

Case Name: _____
Case Number: _____

I hereby certify that I have received from the Office of the United States Trustee the Operating Instructions and Reporting Requirements for Chapter 11 Cases in the matter of:

Name of Debtor Case No. _____

The following person(s) are designated for contact in matters pertaining to compliance with the Operating Instructions and Reporting Requirements for Chapter 11 Cases, including monthly operating reports, payment of quarterly fees, and maintenance of insurance.

Name Title/Position _____

Mailing Address: _____

Daytime Telephone Number: _____

Fax Number: _____

Further, that I understand and agree to perform in accordance with the instructions and requirements, and that I am authorized to so certify on behalf of the estate.

Date: _____, 201__

Debtor-

Title/Position-

Counsel for Debtor

FORM D
LIST OF INDIVIDUALS AND ENTITIES ASSOCIATED WITH, AFFILIATED WITH AND/OR
RELATED TO DEBTOR

Case Name: _____

Case Number: _____

- I. Please identify all 'insiders' of the debtor [*as the term is defined pursuant to 11 U.S.C. 101(31)*] who could be defined as such in the year preceding the filing of the Chapter 11 petition.

Name of Insider	Title/Position	Nature of Affiliation or Relationship with Debtor

- II. Identify all entities associated with or related to the debtor including, but not limited to joint venturers, subsidiaries and parent corporations. This list should also include 'affiliates' of the debtor as the term is defined pursuant to 11 U.S.C. 101(2).

The information provided above is true and correct to be best of my knowledge and belief.

Dated: _____, 201__

Signature of Debtor or Debtor's Representative

Title/Position

FORM E
**DISCLOSURE OF INTENT TO USE TAXPAYER IDENTIFYING NUMBER FOR THE
PURPOSE OF COLLECTING AND REPORTING DELINQUENT QUARTERLY FEES
OWED TO THE UNITED STATES TRUSTEE PURSUANT TO 28 U.S. C. 1930(A)(6)**

Case Name: _____

Case Number: _____

Please be advised that, pursuant to the Debt Collection Improvements Act of 1996, Public Law 104-134, Title III, § 31001(i)(3)(A), 110 Stat. 1321-365, codified at 31 U.S.C. § 3701, the United States Trustee intends to use the debtor's Taxpayer Identifying Number ("TIN") as reported by the debtor or debtor's counsel in connection with the chapter 11 bankruptcy proceedings for the purpose of collecting and reporting on any delinquent debt, including chapter 11 quarterly fees, that are owed to the United States Trustee.

The United States Trustee will provide the debtor's TIN to the Department of Treasury for its use in attempting to collect overdue debts. Treasury may take the following steps: (1) submit the debt to the Internal Revenue Service Offset Program so that the amount owed may be deducted from any payment made by the federal government to the debtor, including but not limited to tax refunds; (2) report the delinquency to credit reporting agencies, (3) send collection notices to the debtor, (4) engage private collection agencies to collect the debt, and (5) engage the United States Attorney's office to sue for collection. Collection costs will be added to the total amount of the debt.

I acknowledge receipt and have read the above statement.

Dated: _____, 201__

Signature of Debtor or Debtor's Representative

Title/Position

Debtor: _____

Case No. _____

Forecast for First 3 Full Months - Form H

MONTH ENDING	1st Month After Filing	2nd Month After Filing	3rd Month After Filing	TOTAL
SALES				
COST OF SALES				
GROSS PROFIT				
COMPENSATION OF OFFICERS				
EMPLOYEE SALARIES				
BENEFITS & PENSIONS				
PAYROLL TAXES				
OTHER TAXES				
RENT & LEASE EXPENSES				
INTEREST EXPENSE				
INSURANCE				
AUTO & TRUCK EXPENSES				
UTILITIES				
DEPRECIATION				
TRAVEL & ENTERTAINMENT				
REPAIRS & MAINTENANCE				
ADVERTISING				
SUPPLIES, OFFICE EXPENSE				
PERSONAL LIVING EXPENSES				
TOTAL EXPENSES				
NET INCOME / (LOSS)				

ACTUALS	SALES	PROFIT	YEAR ENDS ON:
YEAR ENDED 2016			
YEAR ENDED 2017			
2018 THROUGH PETITION DATE			

BEST MONTHS IN 2017	SALES	PROFIT

WORST MONTHS IN 2017	SALES	PROFIT

REASON FOR FILING:

Steps that will be taken to improve profitability (Please indicate date of action & savings):
 1. _____
 2. _____
 3. _____

I hereby certify, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Dated: _____

 Signature of Debtor's Representative Who Prepared this Form

 Title/Position

Debtor:

Case No:

Preparer:

Date:

Form I
Schedule of Secured Debt and Leases

Property Description	Secured Creditor / Lessor	Fair Market Value	Current Secured Bal.Amount	Date of Last Payment	Amount of Last Payment	Contractual Mthly Pmt Amount	Interest Rate	Scheduled Final Pymt Date
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								

I hereby certify, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Dated: _____

Signature of Debtor or Debtor's Representative Who Prepared this Form

Title/Position