

341 MEETING REPORT

DEBTOR(S): _____ CASE NUMBER: _____
ATTORNEY: _____ DATE FILED: _____
TRACK NO.: _____

At _____, Georgia, on the _____ day of _____, 20____ at _____ o'clock ____m.

APPEARANCE SIGN IN SHEET

NAME ADDRESS PHONE NO. CREDITOR

_____ Debtor

_____ Co-Debtor

_____ Debtor(s) Sworn

_____ Attorney for Debtor(s)

_____ Asset Case

_____ No Asset Case

Complete Outstanding

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Debtor has filed a Credit Counseling Certificate from an approved agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Debtor has provided required tax returns. |
| <input type="checkbox"/> | <input type="checkbox"/> | Schedules and Statement of Financial Affairs have been filed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Means Test Form has been filed. |
| <input type="checkbox"/> | <input type="checkbox"/> | The number of dependents on Means Test Form agree with tax returns. |
| <input type="checkbox"/> | <input type="checkbox"/> | Debtor has provided Employee Income Records |
| <input type="checkbox"/> | <input type="checkbox"/> | If debtor has a non-filing spouse, spousal income information is provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | Debts have been determined to be primarily consumer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Debtor has not previously filed bankruptcy. |
| <input type="checkbox"/> | <input type="checkbox"/> | This case has no Health Care Business issues or issues concerning the potential sale or transfer of personally identifiable information of individuals. |
| <input type="checkbox"/> | <input type="checkbox"/> | Identification verified by photo I.D. and social security document. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no issues supporting a §727(a) issue. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no Totality of the Circumstances/Bad Faith issues under §707(b)(3). |
| <input type="checkbox"/> | <input type="checkbox"/> | Trustee requests amendments to schedules (Continue Meeting) |
| <input type="checkbox"/> | <input type="checkbox"/> | Address of Debtor(s) verified and venue proper. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 U.S.C. §341(d) compliance. |
| <input type="checkbox"/> | <input type="checkbox"/> | Meeting Concluded. If not, continued to _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other debtor-related issues as described below. |

For the items marked "Outstanding" above or for any other issues of concern to the Trustee, please provide details of the outstanding issues and any follow-up deadlines (if additional space is needed, continue on reverse side). CONTINUE §341 MEETING.

I have reviewed the case file and questioned the debtor(s) at the §341(a) Meeting of Creditors. I have verified the above information and have identified any outstanding issues, as indicated above

Date: _____

Trustee Presiding at Meeting

This form must be filed with the Bankruptcy Court with a copy to the U. S. Trustee within 48 hours of the §341(a) Meeting. **REMEMBER: If there are ANY outstanding issues, CONTINUE the §341(a) Meeting of Creditors.**