UNITED STATES TRUSTEE DISTRICT OF APPLICATION OF INDIVIDUAL FOR APPOINTMENT

[] AS A CHAPTER [] AS A CHAPTER [] AS A CHAPTER [] AS A CHAPTER	11 TRUST 12 STANI	EE/EXAM DING TRUS	STEE		
If more space is need identifying the numb	_	-	lete the response in th	ne "REMARKS" section	on of this application,
1. GENERAL INFO	ORMATIO	N:			
NAME:				_	
Date of Birth:				_	
Resident Address:				_	
				_ _	
Phone: ()				
Business Address:				_	
				- -	
Business Phone: (_	
			_	attended, dates of enro courses in a business	
School Dates of Fiel	d of Degree	Year of Er	nrollment Concentrati	on Degree	
I			1	I .	i .

3. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTION, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? (you may omit: (1) traffic violations for which you paid a fine of \$100 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) If your answer is "YES", give full details in the "REMARKS" section.

4. HAVE YOU EVER FILED A BANKRUPTCY PETITION ON YOUR OWN BEHALF OR FOR ANY BUSINESS ENTITY UNDER YOUR CONTROL? If the answer is "YES", give full details in the "REMARKS" section.

Yes () No ()

Yes () No ()

- 5. PROFESSIONAL AND OCCUPATIONAL BACKGROUND.
- (a) List all professional or occupational licenses which you have ever held. If license is still current, so

CENSE ISSUI	NG AUTHOR	ITY DATE	C		
	-			 	

- (b) If any such license has ever been revoked or suspended, or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully in the "REMARKS" section the facts and circumstances and the disposition.
- 6. (a) IF YOU ARE AN ATTORNEY, ARE YOU A MEMBER IN GOOD STANDING OF THE BAR OF THE STATE IN WHICH YOU ARE MAKING APPLICATION TO SERVE? If "YES", specify the date you were admitted to the bar. Please note that bar membership is not a requirement for appointment as trustee.

Yes () No () DATE: _

(b) Has your license or right to practice before or in any court tribunal, or agency been denied, revoked or suspended? If "YES", give full details in the "REMARKS" section.

Yes () No ()

7. (a) Are you now or have you ever been appointed to serve as a trustee or examiner in a case under title 11 of the United States Code? If the answer is "YES", give full details in the "REMARKS" section.

Yes () No ()

(b) Have ever been removed as a trustee or examiner by the court? If the answer is "YES", give full details in the "REMARKS" section.

Yes () No ()

- 8. Has a tax lien or other collection procedure ever been instituted against you personally or a business entity under your control? If the answer is "YES", give full details in the "REMARKS" section. Yes () No ()
- 9. PRESENT PROFESSIONAL PRACTICE OR OCCUPATIONAL STATUS.

Describe your current title, position, duties or type of practice or occupation, inception date, and list names and current phone numbers of partners, associates, or persons with whom you work or share offices.

Practice/Occupation:							
Partners/Association/etc.:							
10. WORK EXPERIENCE OR SKILLS. If your present or previous experience included work in the field of bankruptcy law, please so indicate and describe fully, also indicate previous work experience using skills of a nature which you believe are required of a trustee. Description:							
11. (a) ARE YOU RELATED BY AFFINITY OR CONSANGUINITY WITHIN THE DEGR FIRST COUSIN TO ANY JUDICIAL OFFICER OR EMPLOYEE OF ANY FEDERAL COUSERVING THE DISTRICT IN WHICH YOU ARE MAKING APPLICATION, OR TO ANY OR EMPLOYEE OF THE DEPARTMENT OF JUSTICE? If answer is "YES", give full detail "REMARKS" section. Yes () No () (b) ARE YOU OR ANY MEMBER, ASSOCIATE OR PROFESSIONAL EMPLOYEE OF YOU ARE YOU OR ANY MEMBER, ASSOCIATE OR PROFESSIONAL EMPLOYEE OF YOU ARE YOU OR ANY MEMBER, UNITED STATES TRUSTEE OR ASSISTANT UNITED TRUSTEE SERVING IN THE REGION OR JUDICIAL DISTRICT IN WHICH YOU ARE YOU APPLICATION? If the answer is "YES", give full details in the "REMARKS" section. Yes () No () 12. REFERENCES: List three persons who are not related to you and who have definite know qualifications or fitness for the position for which you are applying. NAME ADDRESS PHONE OCCUPATION	URT Y OFFICIAL ils in the YOUR FIRM, O STATES MAKING						
CHAPTER 7 PANEL TRUSTEES							

AND

CHAPTER 12 AND 13 STANDING TRUSTEES

1) ARE THERE ANY LIMITATIONS ON YOUR WILLINGNESS OR ABILITY TO SERVE AS A CHAPTER 7, 12 OR 13 TRUSTEE (such as type and number of cases, travel, time availability, conflicts)? If "YES", please describe fully in the "REMARKS" section.

Yes()No()

	D BE WILLING TO SERVE AS A TRUSTEE:
1	
2	
describe other activities in which you plan to Yes () No () $$	ME TO ACTING AS A TRUSTEE? If the answer is no, please engage.
REMARKS	
ITEM NUMBER COMMENT(S) CERTIFICATION	
accept any gratuity, gift, or other remuneration	t I have not solicited or accepted, and that I will not solicit or on of thing of value from any person, if such is intended or ustee/examiner, or as an employee of trustee/examiner, in any
EMPLOYEE	
Title or Position:	
EMPLOYEE	
Title or Position:	
EMPLOYEE	
Title or Position:	

This certification is to be signed by the chapter 7, 11, 12 or 13 trustee/examiner and all the employees in the office of the trustee/examiner.