

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 B**  
**DISCLOSURE OF COMPENSATION OF**  
**PRINCIPAL, OFFICER, DIRECTOR OR INSIDER**

Name: \_\_\_\_\_

Capacity:

\_\_\_ Principal

\_\_\_ Officer

\_\_\_ Director

\_\_\_ Insider

**Detailed Description of Duties:**

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**Current Compensation Paid:**

Weekly      or      Monthly

\_\_\_\_\_

**Current Benefits Received:**

Weekly      or      Monthly

Health Insurance

\_\_\_\_\_

Life Insurance

\_\_\_\_\_

Retirement

\_\_\_\_\_

Company Vehicle

\_\_\_\_\_

Entertainment

\_\_\_\_\_

Travel

\_\_\_\_\_

Other Benefits

\_\_\_\_\_

**CURRENT TOTAL:**

Weekly      or      Monthly

\_\_\_\_\_

**Prior Annual Salary Total:**

\$ \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Principal, Officer, Director, Insider

**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**

<b>MONTH ENDING</b>	<b>1st Month After Filing</b>	<b>2nd Month After Filing</b>	<b>3rd Month After Filing</b>	<b>TOTAL</b>
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)				

<b>ACTUALS</b>	<b>SALES</b>	<b>PROFIT</b>	<b>YEAR ENDS ON:</b>
YEAR ENDED 2012			
YEAR ENDED 2013			
2014 THROUGH PETITION DATE			

<b>BEST MONTHS IN 2013</b>	<b>SALES</b>	<b>PROFIT</b>

<b>WORST MONTHS IN 2013</b>	<b>SALES</b>	<b>PROFIT</b>

**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