

Client Questionnaire For Business Debtor
Section 1 - Basic Information

Part A. Name and Address

Name of business: _____

Contact Person's Name: _____

Telephone Number: _____ ext: _____ Alternative Number: _____

Email: _____

Has the business gone by any other names in the past eight years? No Yes

If yes, please list other names used:

Federal Tax ID or Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Has the business been at this address for at least 180 days? No Yes

If there is a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Nature of Business

1. Location of principal assets, if different from address above:

City: _____ State: _____ Zip: _____

2. Please describe the nature of your business: _____

3. Who is the authorized signer? _____ His/Her title? _____

4. Do any of the following describe your business? Railroad Stockbroker Commodity Broker Clearing Bank
 Health Care Business Single Asset Real Estate 501(c)(3) Non-Profit

Part C. Prior and/or Pending Bankruptcy Cases

Has a bankruptcy case been filed by your company or against your company in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Are there currently any bankruptcy cases pending involving you, your business, your business partner, or any of your affiliates? No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

Judge: _____

District in which the case was filed: _____

Exhibit "C" to the Voluntary Petition

Does your company own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes

If yes, please list and describe the property:

Section 2 - Property

Part A. Real Estate (Schedule A)

List **ALL** real estate which the business owns or is a joint owner of, even if the business still owes money on the property.

Address and Description of Property	Value	The business's % ownership, or \$amount of equity, if your business is not the sole owner	List all mortgages and liens		Office Use Only <i>Notes</i>
			What is the \$ value of the loan, lien, or mortgage?	Who issued the lien, loan or mortgage? (name and address of institution)	

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether the business owns any property of that category, and, if so, fill in the remaining information. You can think of the value as the resale value. Attach additional pages if necessary.

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
1. Cash on hand	<input type="checkbox"/> No <input type="checkbox"/> Yes			
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No <input type="checkbox"/> Yes			
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes			
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes			
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes			
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes			
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes			
13. Stock and interests in incorporated/ unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes			
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes			
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes			
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes			
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes			
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes			
24. Customer List or other compilation with personally identifiable information	<input type="checkbox"/> No <input type="checkbox"/> Yes			
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes			
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			
32. Crops - growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes			
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes			
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Section 3 - Debts

List below all debts that the business owes, or that creditors claim that the business owes. Attach additional sheets if necessary.

Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Office Use Only	
						Sched. D, E, or F?	Notes: lawsuit pending? Collection agency or attorney signed
Mortgages							
Car/vehicle loans							
Other bank loans							
Personal (non-bank) loans							

Type of	1. Creditor Name and	Amount	What is the debt	Is there a	Do you	Office Use Only	
						Sched. D, E, or F?	Notes: lawsuit pending? Collection agency or attorney signed
Major credit card debts (Visa, Am Ex, Mastercard, Discover)							
Department store or other store-issued credit card debts							
Other credit card debts (Gas cards, phone cards, etc.)							
Unpaid utility bills							

Type of	1. Creditor Name and	Amount	What is the debt	Is there a	Do you	Office Use Only	
						Sched. D, E, or F?	Notes: lawsuit pending? Collection agency or attorney signed
Unpaid rent							
Unpaid taxes							
Unpaid service fees (to attorneys, accountants etc.)							
Trade Debts							

Type of	1. Creditor Name and	Amount	What is the debt	Is there a	Do you	Office Use Only	
						Sched. D, E, or F?	Notes: lawsuit pending? Collection agency or attorney signed
All other unpaid debts/bills							

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that the business is a party to. Include real estate, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Section 5 - Statement of Financial Affairs

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case		
Last year (January 1 - December 31)		
The year before last (January 1 - December 31)		

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

Period	Dollar Amount you were paid	Source
During the last year		
Year before last		

3. Payments to creditors

a. **If your debts are primarily consumer debts (i.e. non-business)**, list all payments totaling over **\$600** made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation (i.e. *alimony, child support, etc.*) or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

b. **If your debts are primarily non-consumer debts (i.e. business)**, list all payments totaling over **\$5,475** made within the last 90 days to any creditor.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed

c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Repossession Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
_____	_____	_____	_____

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case

NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property and Value Received
_____	_____	_____

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
_____	_____	_____

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
_____	_____	_____

12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any
_____	_____	_____	_____

13.. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
_____	_____	_____

14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
_____	_____	_____

15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
_____	_____	_____

16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory(including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
_____	_____	_____	_____	_____

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

NONE

Name	Address
_____	_____

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address	Dates Services Rendered
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b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name	Address	Dates Services Rendered
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c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address	Comments
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d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address	Dates Issued
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20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
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b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
_____	_____

21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature of Interest	Percentage of Interest
_____	_____	_____

b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
_____	_____	_____

22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
_____	_____

b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
_____	_____	_____

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Parent Corporation	Taxpayer Identification Number
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25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Pension Fund	Taxpayer Identification Number
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Section 6 Supplement for Chapter 11 Cases

Part A. Exhibit "A" to Voluntary Petition

If debtor is required to file periodic reports (e.g. - Forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy code, Exhibit "A" shall be completed and attached to the petition.

Are any of your securities registered under section 12 of the Securities Exchange Act of 1934? Yes No

If so, what is the SEC file Number? _____

The following questions ask for financial data about your company. Your answers reflect the company's finances as of (date) _____.

Total assets: \$ _____

Total liabilities: \$ _____

Please list debt securities held by more than 500 holders

<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$	_____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$	_____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$	_____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$	_____	_____
<input type="checkbox"/>	Secured	<input type="checkbox"/>	Unsecured	<input type="checkbox"/>	Subordinated	\$	_____	_____

Number of shares of preferred stock _____
 Number of shares of common stock _____

Comments, if any:

Briefly describe the nature of your business:

List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of your company:

