



US Department of Justice

Office of the United States Trustee for Region 17
Northern and Eastern Districts of California and Nevada

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San Francisco, California 94102
Website Address: www.usdoj.gov/ust/r17

Region 17 -- United States Trustee
Chapter 11 Initial Reporting Requirements and Document Requests

Case Name:

Case No.:

Debtor's Attorney:

Filing Date:

Instructions: Please provide the information requested at least five days before the date scheduled for the initial debtor interview ("IDI"). The Chapter 11 Initial Reporting Requirements and Document Requests must be completed, signed, and submitted to the applicable Office of the United States Trustee (OUST) **and**, for small business cases under subchapter V of chapter 11, a completed copy must also be provided to the appointed subchapter V trustee. Please type or print legibly. Attach additional pages as necessary to provide a complete response. Debtor must attach each of the requested documents or provide a satisfactory explanation for failure to attach a document.

1.	Briefly explain the reason for the bankruptcy filing and summarize the proposed plan including any projected lien stripping:
2.	Cash Collateral? <i>If yes, describe:</i>
3.	Immediate steps that must be taken to (i) stabilize cash flow, and (ii) formulate a plan:

Document(s) Attached		Case Name:						
Yes	No	Case No.:						
Items Applicable to All Debtors								
<input type="checkbox"/>	<input type="checkbox"/>	4.	Receipt and Certification of Understanding of Region 17 United States Trustee Chapter 11 Operating and Reporting Guidelines for Debtors in Possession. Complete Attachment A.					
<input type="checkbox"/>	<input type="checkbox"/>	5.	Prepetition financial and bank accounts:					
			Name of Financial Institution & Last 4 Digits of Acct No.	Date Closed	Copy of account stmts for 90-days prior to filing		Detailed transaction registers for the 90 days prior to filing	
					Yes	No	Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6.	New Debtor-in-Possession (DIP) bank accounts:					
			Check all that apply:	Authorized Depository Name	Account No.	Copy of Signature Cards		
						Yes	No	
			<input type="checkbox"/> Personal Account			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Cash Collateral Account			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Operating Account			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Payroll Account			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Tax Account			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Other:			<input type="checkbox"/>	<input type="checkbox"/>	
			Bank Statements for DIP accounts should be on a month end basis. A debtor must deposit all receipts into a DIP account and issue all disbursements from a DIP account.					
<input type="checkbox"/>	<input type="checkbox"/>	7.	Copies of most recently filed Federal & State Income Tax returns with all schedules and attachments.					
<input type="checkbox"/>	<input type="checkbox"/>	8.	Proof of Insurance. Complete Attachment B – Insurance Expiration Statement.					
<input type="checkbox"/>	<input type="checkbox"/>	9.	Projected six Month Post-Petition Cash Receipts and Cash Disbursements. A sample electronic format is available at: http://www.justice.gov/ust/r17/reg_info.htm .					
<input type="checkbox"/>	<input type="checkbox"/>	10.	Identify all (i) unpaid judgments which have been entered against the debtor; and (ii) civil and/or criminal legal complaints pending against the debtor and/or insiders; and provide copies of all unpaid judgments and pending complaints. If N/A, check box.					N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11.	Real Estate					
		a.	Copies of escrow closing statements and recorded deeds for all real property sold or transferred within two years of the petition date. If N/A, check box.					N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b.	Does the debtor own any real property? If yes, complete Attachment D – Real Estate Property Questionnaire for each parcel of real property.					N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c.	Does debtor lease any real property? If yes, complete Attachment D – Real Estate Property Questionnaire for each real property lease.					N/A <input type="checkbox"/>

Document(s) Attached		Case Name:																															
Yes	No	Case No.:																															
		12.	Chapter 11 professionals that debtor will employ																														
			<table border="1"> <thead> <tr> <th colspan="2">Check all that apply:</th> <th>Name</th> <th>Retainer Paid</th> <th>Payment Made By</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Attorney</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Accountant</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Appraiser</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Realtor</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other:</td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table>	Check all that apply:		Name	Retainer Paid	Payment Made By	<input type="checkbox"/>	Attorney		\$		<input type="checkbox"/>	Accountant		\$		<input type="checkbox"/>	Appraiser		\$		<input type="checkbox"/>	Realtor		\$		<input type="checkbox"/>	Other:		\$	
Check all that apply:		Name	Retainer Paid	Payment Made By																													
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<input type="checkbox"/>	Accountant		\$																														
<input type="checkbox"/>	Appraiser		\$																														
<input type="checkbox"/>	Realtor		\$																														
<input type="checkbox"/>	Other:		\$																														
		13.	<p>Quarterly Fees: See https://www.justice.gov/ust/chapter-11-quarterly-fees for additional information including payment options. Under 28 U.S.C. § 1930(a)(6), a quarterly fee shall be paid to the United States Trustee System Fund at Treasury in each case under chapter 11 (except small business cases under subchapter V of chapter 11) for every calendar quarter, or part of a quarter, in which the case is pending until the date of entry of an order closing, dismissing or converting the case.</p> <p><u>Notice of Interest Assessment:</u> Based on 31 U.S.C. §3717, the United States Trustee Program will assess interest on unpaid Chapter 11 quarterly fees charged in accordance with 28 U.S.C. §1930(a). The interest rate assessed is the rate in effect as determined by the Treasury Department at the time your account becomes past due. If payment of the full principal amount past due is received within thirty (30) days of the date of the notice of initial interest assessment, the interest assessed will be waived.</p> <p>Jointly administered cases or administratively consolidated cases - Quarterly fees will accrue for both cases.</p>																														
Items Applicable Only to Individual Debtors																																	
<input type="checkbox"/>	<input type="checkbox"/>	14.	Is the debtor obligated to meet a domestic support obligation (DSO) under a domestic support order? <i>If no, skip to Item # 15.</i>																														
		a.	Identify all domestic support obligations and provide supporting documentation.																														
<input type="checkbox"/>	<input type="checkbox"/>	b.	Provide copies of the two statutorily required written notices under 11 U.S.C. §§ 101(14A) and 704(c) for each DSO claim. ¹																														
<input type="checkbox"/>	<input type="checkbox"/>	15.	Provide a copy of the debtor's Employer Identification Number (EIN) as required by IRS Notice 2006-83. A copy of this Notice is available at: http://www.irs.gov/irb/2006-40_IRB/ar12.html																														
Items Applicable to Each Debtor Who Operates a Business (Including Sole Proprietorships)																																	
		16.	Nature of Business:																														
<input type="checkbox"/>	<input type="checkbox"/>	17.	Balance Sheet as of (i) prior year; and (ii) month-end immediately preceding the filing.																														
<input type="checkbox"/>	<input type="checkbox"/>	18.	Profit and Loss Statement for (i) prior year; and (ii) current year to date.																														
		19.	Other Items: <i>If N/A, check box.</i>																														
<input type="checkbox"/>	<input type="checkbox"/>	a.	Inventory Listing.																														
<input type="checkbox"/>	<input type="checkbox"/>	b.	Copy of each Business License, Permit, and/or Bond.																														
<input type="checkbox"/>	<input type="checkbox"/>	c.	Detailed Accounts Receivable Aging.																														

1/ Requirement not applicable to the debtor in small business cases under subchapter V of chapter 11.

Document(s) Attached		Case Name:																	
Yes	No	Case No.:																	
<input type="checkbox"/>	<input type="checkbox"/>	20.	Employees/Officers/Directors/Shareholders/Partners and/or Other Insiders:																
		a.	Wages/Salaries/Other Compensation																
			<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Pre-Petition</th> <th>Post-Petition</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	Name	Title	Pre-Petition	Post-Petition			\$	\$			\$	\$			\$	\$
		Name	Title	Pre-Petition	Post-Petition														
				\$	\$														
		\$	\$																
		\$	\$																
b.	Bonuses/incentive compensation paid to corporate officers, partners, or insiders <i>during the last twelve months? If Yes, provide listing of amounts paid by date and by individual.</i>																		
21.	Does debtor have a Privacy Policy? If yes, please attach copy of policy.																		
22.	Does debtor have any employees? <i>If no, skip to Item # 24.</i>																		
<input type="checkbox"/>	<input type="checkbox"/>	23.	<p>Current: No. of FT Employees: _____ No. of PT Employees: _____</p> <p>Check the appropriate payroll payment schedule: <input type="checkbox"/> monthly <input type="checkbox"/> 2x monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly</p> <p>Gross payroll (per period): \$ _____ Last payroll period paid: _____</p> <p>Payroll processed by: _____</p>																
		d.	<table border="1"> <thead> <tr> <th>Does debtor owe any:</th> <th>Amount</th> <th>Period(s)</th> </tr> </thead> <tbody> <tr> <td>Payroll? <i>If yes:</i></td> <td>\$</td> <td></td> </tr> <tr> <td>Payroll taxes? <i>If yes:</i></td> <td>\$</td> <td></td> </tr> </tbody> </table>	Does debtor owe any:	Amount	Period(s)	Payroll? <i>If yes:</i>	\$		Payroll taxes? <i>If yes:</i>	\$								
		Does debtor owe any:	Amount	Period(s)															
		Payroll? <i>If yes:</i>	\$																
Payroll taxes? <i>If yes:</i>	\$																		
e.	Does debtor provide any employee benefits? <i>If yes, Complete Attachment C – Employee Benefit Plan Questionnaire.</i>																		
Items Applicable to Non Individual Debtors																			
<input type="checkbox"/>	<input type="checkbox"/>	24.	Entity Background: Date of Formation: _____ Date Operations Began: _____																
<input type="checkbox"/>	<input type="checkbox"/>	25.	Entity Documentation: <i>If N/A, check Box.</i>																
<input type="checkbox"/>	<input type="checkbox"/>	a.	If debtor is a general or limited partnership, provide partnership agreement with all amendments and written confirmation from each general partner consenting to the filing of the petition. <u>N/A</u>																
<input type="checkbox"/>	<input type="checkbox"/>	b.	If debtor is a corporation, provide corporate resolution authorizing the filing of the petition. <i>Not required if already on file with the court.</i>																
<input type="checkbox"/>	<input type="checkbox"/>	c.	Copy of the most recently filed SEC form(s): 10-K, 10-Q and 8-K.																
<input type="checkbox"/>	<input type="checkbox"/>	d.	If debtor is a limited liability company, provide articles of organization and operating agreement with all amendments.																

I declare under penalty of perjury that the information provided above and on any attachments hereto is true and correct to the best of my knowledge and belief.

Date	Signature of Debtor/Authorized Agent	Printed Name
Date	Signature of Joint Debtor	Printed Name

Attachment A

Receipt and Certification of Understanding of Region 17 United States Trustee Chapter 11 Operating and Reporting Guidelines for Debtors in Possession

Case Name:

Case Number:

I hereby certify that I have read and understand the Region 17 United States Trustee Chapter 11 Operating and Reporting Guidelines for Debtors in Possession. Further, I hereby agree to perform in accordance with said guidelines.

Date

Signature of Debtor/Authorized Agent

Printed Name

Date

Signature of Joint Debtor

Printed Name

The undersigned, as counsel for the debtor, has read and reviewed with the debtor the guidelines discussed above.

Date

Signature of Attorney for
Debtor in Possession

Printed Name

Attachment B

Summary of Existing Insurance Coverage and Expiration Dates

Case Name:		Case Number:
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Instructions: Please complete for each insurance policy the debtor currently maintains. Attach a copy of the current insurance certificate for each policy.

Please contact your agent to add the “United States Trustee” as an additional party to be notified on each policy. Please do not add the United States Trustee as an additional loss payee.

Type of Insurance Coverage	Description of Property Covered	Agent & Contact Number	Policy Number & Expiration	Paid Through	Ins. Certificate Attached	
					Yes	No
Casualty/Property Replacement					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Liability					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Worker’s Compensation					<input type="checkbox"/>	<input type="checkbox"/>
State Disability					<input type="checkbox"/>	<input type="checkbox"/>
Other:					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I declare under penalty of perjury that the information provided above and on any attachments hereto is true and correct to the best of my knowledge and belief.

Date	Signature of Debtor/Authorized Agent	Printed Name
Date	Signature of Joint Debtor	Printed Name

Attachment C

EMPLOYEE BENEFITS PLAN QUESTIONNAIRE

Case Name:

Case Number:

1. If the debtor sponsors a group health or dental plan, complete the information below. If no, go to #2.

Premiums paid through: employee contributions employer contributions

Are the premium payments current? Yes No

Benefits paid from: employee contributions general assets of the company

Name and address of responsible officer: _____

2. If the debtor sponsors a pension plan, complete the information below.

401(k) Plan Profit Sharing Plan Defined Benefit Plan

Money Purchase Plan Employee Stock Ownership Plan SIMPLE IRA

Name and address of responsible officer: _____

Does the employee make contributions to the Plan? Yes No

Have all employee contributions been forwarded to the trust fund? Yes No

If the debtor maintains a defined benefit or money purchase plan, are they fully funded? Yes No

Has the debtor or, if applicable, any trustees, officers, owners, or board members of the debtor, received any distributions from the plan within the last year? If so, please provide the name, address, and title of each:

Has the debtor or, if applicable, any trustees, officers, owners, or board members of the debtor, received any loans from the plan? If so, please state the approximate date, amount, and purpose of the loan.

I declare under penalty of perjury that the answers contained in the foregoing questions are true and correct.

Date

Signature of Debtor or Authorized Agent

Signature of Joint Debtor

The Office of the United States Trustee may provide a copy of this document to the U.S. Department of Labor, Employee Benefits Security Administration.

<u>Attachment D</u>	
Real Property Questionnaire	

Case Name:		Case Number:
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Every Chapter 11 debtor is required to provide the United States Trustee with a completed Real Property Questionnaire for each parcel of real property in which it holds a legal or equitable interest. This includes, but is not limited to, property held under ownership, leasehold, land sale, or under an open and pending escrow. ***A separate Questionnaire must be provided for each parcel of real property.*** Continuation sheets should be attached for each question where additional space is needed.

Section One: General Property Information
--

A. Property address including county and state in which it is located:

B. Legal description of property (*i.e.*, Lot and Tract Number, including Tax Assessor’s I.D. Number) or include a copy of the deed that contains the legal description:

C. Type of real property (*i.e.*, single family residence, condominium, apartment building; commercial office building, industrial, unimproved, etc.):

D. Description of property (*i.e.*, square footage, number of units, number of offices, amenities, condition and/or acreage, if applicable):

E. Type of legal or equitable interest held in the property:

Ownership
 Leasehold
 Other - (*i.e.* Land Sale, Open Escrow) *Explain:*

F. Current use of the property:

G. Does any person or entity other than the debtor use, lease, or occupy any portion of the property? () Yes () No
(If yes, state name of such person/entity, their relationship with the debtor and/or principal of the debtor, and state the terms of such use, lease or occupancy).

H. Does the debtor or another party carry insurance on the property? () Yes () No

If yes, please provide the following information if not already provided on Attachment B, Summary of Existing Insurance:

<u>Type of Insurance</u>	<u>Name of Insured Party</u>	<u>Name of Insurance Company</u>
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I. Itemize the monthly expenses related to this property, excluding the debtor's debt service or lease payments:

<u>Type of Expense</u>	<u>Monthly Amt.</u>
------------------------	---------------------

Total \$ _____
=====

Section Two: Property Owned by the Debtor [*Not Applicable* ()]

A. Is the debtor also the titleholder to the property? () Yes () No

(If no, provide the name of the titleholder of record)

B. Percentage interest in the property held by the debtor: %

Type of ownership held in the property by the debtor (i.e. fee simple, tenants in common, joint tenancy, etc.):

C. Date of debtor's acquisition of the property:

Purchase Price: \$

D. Present Fair Market Value: \$

Source and basis of the fair market value:

E. Name of the Grantor of the property to the titleholder set forth in section A above:

F. Was title to the property transferred to the debtor within ninety (90) days prior to the filing of the Chapter 11 Petition?

() Yes () No *(If yes, state the reason for the transfer)*

G. Has the Bankruptcy Petition been recorded in the Office of the Recorder of the county in which this property is located?

() Yes () No *(If yes, state the Date of Recordation and Instrument Number or Book and Page Number)*

H. Voluntary encumbrances of record against the property (e.g., mortgages, stipulated judgments):

	<u>Lender Name</u>	<u>Current Principal Balance</u>	<u>Installment Amount</u>	<u>P & I or Int. Only?</u>	<u>Frequency (Mo/Qtr/Yr)</u>	<u>No. Of Delinquent Payments</u>
1 st		\$	\$			
2 nd		\$	\$			
3 rd		\$	\$			
4 th		\$	\$			

I. List involuntary encumbrances of record against the property (tax, mechanics' and other liens, judgments, lis pendens):
(State type of lien, amount claimed and date of recordation)

J. Annual property taxes: \$	Amount(s) and due date(s) of any delinquent property tax installment(s):			
	Amount:	\$	\$	\$
	Due Date:			

K. Has the debtor made any attempts to sell the property? () Yes () No
(If Yes, provide the date, asking price and result of each attempt)

L. Have any other alternatives been considered as to the disposition of the property (i.e., refinancing, capital infusion, stipulation with lender)? () Yes () No *(If Yes, explain)*

Section Three: Property Leased by Debtor as Lessee [Not Applicable ()]

A. Name, address and telephone number of the lessor:	Is the debtor or any principal of the debtor affiliated with or related to the lessor? () Yes () No <i>(If Yes, explain the relationship)</i>
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B. Does a written lease exist? () Yes () No *(If yes, attach a copy of the Lease)*

C. Lease payment amount: \$ Per: () Month () Quarter () Year () Other:

D. Number and total dollar amount of delinquent pre-petition lease payments: No. Of Pmts: Total: \$

E. Describe the type of lease (i.e., triple net, minimum plus percentage of sales, gross lease) and state basic lease terms:

Section Four: Income and Management of Property [*Not Applicable* ()]

A. What is the actual gross monthly income being generated from rental or use of the property by 3rd parties? \$

B. What is the current occupancy rate?

Square footage presently being leased?

C. If the property were fully leased, state the anticipated gross monthly income \$

D. Is any person and/or entity occupying any portion of the property at a reduced or 0 rental rate? () Yes () No

(If Yes, explain fully)

E. Is there any person or entity managing the property?: () Yes () No

(If Yes, state the name, address and telephone number of the managing person/company)

F. What are the terms of the management agreement? *(If written, attach a copy of the agreement)*

G. Is the manager of the property related to or affiliated with the debtor in any way? () Yes () No

(If Yes, explain the relationship or affiliation)

I declare under penalty of perjury that the answers contained in the foregoing Real Property Questionnaire are true and correct to the best of my knowledge, information and belief.

Date

Signature of Debtor /Authorized agent

Printed Name

Date

Signature of Joint Debtor

Printed Name

Attachment D