

DEBTOR: _____

INITIAL FINANCIAL REPORT
CHAPTER 11

CASE NUMBER: _____

COVER SHEET

Date of Report

THIS REPORT IS DUE 14 DAYS AFTER THE PETITION FILING DATE

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. **Submit original report to U.S. Trustee. Do not file report with Clerk of Court.**

| Document Attached | Previously Submitted | Explanation Attached | REQUIRED DOCUMENTS |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Latest Fiscal Year Financial Statements and Tax Returns |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Balance Sheet as of Month End Immediately Preceding Filing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Profit and Loss Statement for Month and Year Immediately Preceding Filing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Insurance & Environmental Risk Questionnaire (OGRR- Exhibit 3) - Proof of: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. General Liability Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Property (Fire, Theft, etc.) Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Workers' Compensation Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Vehicle Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Other: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Projected Revenue, Expenses and Cash Flow for First 180 Days of Post Petition Operations (Form IR-6 or OGRR- Exhibit 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. General Account |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Tax Account (if required) |

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By: _____

Position: _____

Email & Phone: _____