

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF

RECEIPT AND VERIFICATION

TO: PATRICK S. LAYNG, UNITED STATES TRUSTEE

CASE NAME: _____

CASE NO.: _____

I, _____ declare under penalty of perjury that I am the duly authorized representative of the debtor in possession designated to operate the business of _____, and as such I hereby acknowledge receipt from the United States Trustee of the Operating Instructions and Reporting Requirements. I have read and understand the instructions and agree to comply with said instructions.

SIGNED: _____

DATED: _____

I, _____, being counsel for the debtor in possession, have reviewed the Operating Instructions and Reporting Requirements with the person signing above.

SIGNED: _____

DATED: _____

**DECLARATION OF PRE-PETITION ACCOUNT CLOSINGS
AND OPENING OF DEBTOR IN POSSESSION BANK ACCOUNTS**

CASE NAME: _____

CASE NUMBER: _____

All pre-petition bank accounts, as listed below, were closed on _____.

| Depository Name | Account Name | Account Number |
|------------------------|---------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| * | | |

On _____, all monies were transferred to the following chapter 11 debtor in possession bank accounts:

| Depository Name | Account Name | Account Number |
|------------------------|---------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| * | | |

Attach proof that prepetition accounts have been closed and Debtor In Possession accounts opened.

The average post-petition monthly disbursements are estimated to be \$ _____ each month.

PURSUANT TO 28 U.S.C. SECTION 1746, I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on: _____
(Date)

(Debtor)

(Title)

(Printed Name of Signatory)

* Attach additional sheets if necessary.

INSURANCE STATEMENT

Case Name: _____

Case Number: _____

| Insurance Company (Name, Address, Phone, Agent Name) | Type* | Coverage Amount | Policy No. | Expiration Date | Premium Amounts | Coverage Paid thru Date |
|---|--------------|----------------------------------|-----------------------------|----------------------------------|----------------------------------|--|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

**Types include liability, fire, casualty, vehicle, workers' comp., etc.*

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

Date

Signature of Debtor or Debtor Representative

Title of signer, if applicable

Printed Name of signer

IN THE UNITED STATES BANKRUPTCY COURT
 FOR THE _____ DISTRICT OF _____
 _____ DIVISION

CASE NAME: _____ CASE NO.: _____

U. S. TRUSTEE QUARTERLY FEE STATEMENT
 Pursuant to Fed. R. Bankr. P. 2015(a)(5)

FOR CALENDAR QUARTER ENDING _____, 20__

DISBURSEMENTS*

| 1. | <u>MONTH</u> | <u>DISBURSEMENT</u> |
|----|--------------|---------------------|
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

**TOTAL DISBURSEMENTS
 FOR QUARTER** \$ _____

- | | | |
|----|--|----------|
| 2. | QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6) | \$ _____ |
| 3. | QUARTERLY FEE PAID (Attach proof of payment) | \$ _____ |
| 4. | AMOUNT OF UNPAID FEES (IF ANY) | \$ _____ |

I, _____, acting as the duly authorized agent for the Debtor In Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: _____

 For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____
_____ DIVISION

CASE NAME: _____ CASE NO.: _____

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS
FOR CALENDAR QUARTER ENDING _____, 20__

1. Were any payments required to be made under the plan this past calendar quarter? yes _____ no _____
2. If yes, were all required payments made? yes _____ no _____
3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, _____, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: _____

For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration)

United States Bankruptcy Court
For the Northern District of Illinois
Eastern Division

**Direction of Debtor-in-Possession's Proposed Attorneys Regarding
Contacts with Debtor-in-Possession for Administrative Matters**

Debtor's Name _____

Case Number _____

Part I: Purpose

The United States Trustee is responsible for supervising the administration of cases under chapters 7, 11, 12 and 13 of the United States Bankruptcy Code. 28 U.S.C. § 586. To fulfill this responsibility, the U.S. Trustee has issued Operating Instructions and Reporting Requirements for Debtors-in-Possession. The OIRR impose certain administrative and reporting responsibilities on chapter 11 debtors-in-possession. In addition, there are other requirements imposed by law, including a requirement to pay U.S. Trustee quarterly fees. The U.S. Trustee's staff is available to assist debtors-in-possession in fulfilling these requirements. In addition, it is frequently necessary for members of the U.S. Trustee's staff to contact debtors concerning missing documents, incomplete forms, and other administrative matters. Many debtors-in-possession and attorneys prefer that these administrative matters be handled directly between the debtor-in-possession and the U.S. Trustee's staff. Others prefer that all such contacts be made through counsel. We need to know how you and your client would like these matters to be handled in this case.

Part II: Direction

_____ We direct that all contacts between the U.S. Trustee's staff concerning the administrative requirements of the U.S. Trustee, including completion of operating reports, providing proof of insurance coverage, banking arrangements, payment and calculation of quarterly fees, may be made directly between the U.S. Trustee's staff and the Debtor-in-Possession.

_____ We direct that all contacts between the U.S. Trustee's staff concerning this case, including all administrative matters, be conducted through counsel for the Debtor-in-Possession.

Printed Name

Signature

Dated: _____

(Rev. 9-21)