



U.S. Department of Justice

Office of the United States Trustee
Region 15
*Districts of Hawaii, Guam, and
Commonwealth of the Northern Mariana Islands*

1132 Bishop Street, Suite 602
Honolulu, HI 96813

Phone: (808) 522-8150
Fax: (808) 522-8156

January 24, 2020

Via email only: «Email»

«First_Name» «Last_Name», Esq.
«Address_Line_1»
«City», «State» «ZIP_Code»

RE: «Case_Name»
Case No.: «Case Number»

Dear «Title» «Last_Name»:

The United States Trustee has called an Initial Debtor Interview in the above referenced case. The interview will be held on «Date» at «Time» in Suite 602, 1132 Bishop Street, Honolulu, Hawaii.

The debtor(s) and counsel are required to attend. The purpose of the interview will be to discuss the bankruptcy case and reporting requirements. The United States Trustee's Operating and Reporting Requirements are located on our website at: <http://www.justice.gov/ust/r15/honolulu/chapter11.htm>. The debtor(s) are required to conform with each reporting requirement unless waived in writing by this office. Proof of liability and casualty insurance shall be provided immediately. Additionally, the debtor(s) are to make every effort to bring the required documents to this meeting (see enclosure).

Please contact the undersigned if there are any questions regarding the case.

Thank you for your help.

Yours truly,

/s/ Anson T. Okimoto
Bankruptcy Analyst

Enclosures (3)



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January 24, 2020

«First_Name» «Last_Name», Esq.
«Address_Line_1»
«City», «State» «ZIP_Code»

Re: **AUTHORIZATION FOR DIRECT CONTACT**
«Case_Name»; Bankruptcy Case No. «Case_Number»

Dear «Title» «Last_Name»:

Regulations promulgated by the Attorney General restrict direct communication between employees of the Office of the United States Trustee and the debtor without the permission of debtor's counsel.

Most communication occurring between Program employees and debtors is administrative in nature relating to the United States Trustee's statutory duty to supervise the administration of bankruptcy cases.

In order to comply with these regulations, we request that you sign an authorization which will allow us to communicate directly with the debtor regarding administrative and financial matters such as insurance coverage, bank account information, monthly operating reports, quarterly fees and post-confirmation reports.

If you agree to the provisions stated above, please sign a copy of this letter where indicated and return it to us. The authorization may be rescinded at any time by giving us written notice of rescission.

If you do not agree, all communication with the debtor will be directed to you. If the debtor initiates any contact with us, we will advise him or her that we may communicate only with you.

If the United States Trustee files or has a contested motion or an adversary proceeding against the debtor, all contact regarding that matter will be with counsel.

Please return the original of this document to the Office of the United States Trustee.

Very truly yours,

Tiffany Carroll
Acting United States Trustee
Region 15

AUTHORIZATION

I authorize direct contact with the above debtor
in accordance with the terms contained herein.

By: /s/ Anson Okimoto

Counsel for the Debtor



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**STATUS OF THE UNITED STATES TRUSTEE
OPERATING AND REPORTING REQUIREMENTS
FOR A DEBTOR-IN-POSSESSION**

In re: «Case_Name»
Case No.: «Case_Number»

The Debtor-In-Possession (“DIP”) shall comply with all provisions of the United States Trustee Operating and Reporting Requirements for Chapter 11 Cases, unless waived below as indicated by the initials of the analyst assigned to the case.

1. Please provide the following documents no later than the Initial Debtor Interview date.

	<u>NEED</u>	<u>RCV'D</u>	<u>WAIVED</u>	
A.				Proof of adequate insurance coverage (provide immediately):
	✓	_____	_____	Certificate Adding U.S. Trustee to liability insurance
	✓	_____	_____	Certificate adding U.S. Trustee to casualty insurance
B.				Closing of pre-petition bank accounts and opening of DIP accounts:
	✓	_____	_____	General DIP bank a/c (sig card or voided check)
	✓	_____	_____	Payroll DIP bank a/c (sig card or voided check)
	✓	_____	_____	Tax DIP bank a/c (sig card or voided check)
C.	✓	_____	_____	Real Property Questionnaire(s)
D.	✓	_____	_____	Deed(s) for Owned Real Property
E.	✓	_____	_____	Appraisal(s) obtained within 1 year of filing
F.	✓	_____	_____	Projected 6 month Profit and Loss Statement
G.	✓	_____	_____	Physical inventory (products for resale)
H.	✓	_____	_____	Most recent financial statements
I.	✓	_____	_____	Copies of bank statements for last 6 months
J.	✓	_____	_____	Copies of check registers for last 6 months
K.	✓	_____	_____	Copies of tax returns for the last 2 years
L.	_____	_____	<u>As</u>	Estate tax ID number(s) for individual debtor(s)

	<u>NEED</u>	<u>RCV'D</u>	<u>WAIVED</u>	
M.	<u>✓</u>	_____	_____	List of management employees and their current salaries, including all benefits; a list of officers and directors and their compensation (including all benefits) paid within the past twelve months
N.	<u>✓</u>	_____	_____	Depository Release, executed (form enclosed)
O.	<u>✓</u>	_____	_____	Authorization for Direct Contact, executed (form enclosed)

2. The United States Trustee may reinstate provisions that have been previously waived by providing written notice to Debtor.
3. The following provisions are required on an ongoing basis so the United States Trustee can properly supervise the administration of this case.

	<u>NEED</u>	<u>RCV'D</u>	<u>WAIVED</u>	
P.	<u>✓</u>	_____	_____	Monthly Operating Report
Q.	<u>✓</u>	_____	_____	Periodic Report Regarding Entities in which the Debtor holds a Substantial or Controlling Interest (20% or more). Pursuant to Rule 2015.3, first report must be filed and served seven days prior to the initial creditors meeting date.

TIFFANY L. CARROLL
ACTING UNITED STATES TRUSTEE

Dated: January 24, 2020

By: /s/ Anson Okimoto
Bankruptcy Analyst

I have received a copy of the Status of the United States Trustee Operating and Reporting Requirements for a Debtor-In-Possession:

Dated: _____

By: _____
«First_Name» «Last_Name»
Attorney for the Debtor(s)

**UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE UNITED STATES TRUSTEE**

RELEASE

To: All Banks, Depositories and Financial Institutions

RE: «Case_Name»; Bankruptcy Case No. «Case_Number»

I, the undersigned, hereby authorize all banks, depositories and financial institutions (hereafter collectively "Depositories") to release to the United States Trustee, Region 15, and successors in office ("UST"), or UST's designee, any and all information requested by UST regarding any and all deposit accounts maintained by the undersigned ("Bankruptcy Accounts") at all Depositories and containing estate funds, trust funds, and operating expense funds in or related to cases administered by the undersigned under the provisions of title 11, United States Code ("Bankruptcy Code") (all such accounts being hereafter collectively referred to as "Bankruptcy Accounts"), at any time. This Release authorizes Depositories to provide to UST all information pertaining to Bankruptcy Accounts, including, but not limited to, copies of bank statements, deposit slips, checks, electronic images, Image Replacement Documents, withdrawal slips, debits, or any other document evidencing any transaction affecting any Bankruptcy Accounts. This Release does not apply to any of the undersigned's personal accounts or the trust accounts of the undersigned's law firm.

This Release shall remain in full force and effect so long as any Bankruptcy Accounts are maintained at any Depositories, whether or not the undersigned is administering cases under the Bankruptcy Code.

Date Signed: _____

(Signature)

(Address)

(Printed Name and Title (e.g., Debtor-in-Possession))

VERIFICATION

I, the undersigned, hereby declare under the penalty of perjury that the foregoing Release is being voluntarily signed and delivered to UST for the benefit of UST and all Depositories, and with the understanding and expectation that all Depositories will rely on, and all Depositories may so rely on, the foregoing provisions of the Release.

(Signature)

Dated: _____