

INITIAL REPORT CHECKLIST

CHAPTER 11

CASE NAME:

CASE NUMBER:

PETITION DATE:

Please check included items:

Exhibit A **Initial Report Summary** is completed and attached.

Exhibit B **Bank Account Declaration** is completed and attached.

Exhibit C **Insurance Statement** is completed and attached.

Exhibit D **Projected 90-Day Profit And Loss Statement** is completed and attached.

Exhibit E **Designation And Acceptance Of Individual Responsible For Discharging Debtor In Possession Duties** is completed and attached.

Exhibit F **Designation And Acceptance Of Individual Responsible For Preparation Of Financial Reports For Debtor In Possession** is completed and attached.

Exhibit G **Reporting of Pension, Retirement and Health Plans to the Office of the United States Trustee** is completed and attached.

Exhibit H **Waiver of Communications by the Attorney for the Debtor-In-Possession Regarding Administrative Matters** is completed and attached.

Signature Page – Print, sign, scan and insert.

Exhibit A
INITIAL REPORT SUMMARY

CASE NAME:

CASE NUMBER:

PETITION DATE:

DEBTOR REPRESENTATIVE:

TITLE/POSITION:

N/A

1.			DEBTOR TYPE: (check all that apply)
			INDIVIDUAL (including joint debtors)
			SMALL BUSINESS § 101 (51 D)
			HEALTH CARE § 101 (27 A)
			NON-SMALL BUSINESS
			REAL ESTATE
			SINGLE ASSET REAL ESTATE § 101 (51 B)
			IS THE DEBTOR A TAX EXEMPT ORGANIZATION UNDER TITLE 26 OF THE UNITED STATES CODE (the Internal Revenue Code) ?
2.			IS THE DEBTOR A PUBLICLY TRADED ENTITY?
3.			HAS A PLAN BEEN FILED WITH THE PETITION?
4.			NATURE OF DEBTS:
			DEBTS ARE PRIMARILY CONSUMER DEBTS, DEFINED IN 11 U.S.C. § 101(8) AS “INCURRED BY AN INDIVIDUAL PRIMARILY FOR A PERSONAL, FAMILY, OR HOUSEHOLD PURPOSE.”
			DEBTS ARE PRIMARILY BUSINESS DEBTS.
5.	REASONS FOR FILING:		

CASE NAME:

CASE NUMBER:

N/A

			IF DEBTOR IS AN INDIVIDUAL (If not, skip to #13)
6.			DID THE INDIVIDUAL DEBTOR RECEIVE CREDIT COUNSELING IN ACCORDANCE WITH § 109(h)?
7.			DID THE INDIVIDUAL DEBTOR COMPLETE AND FILE SCHEDULE I AND J AS WELL AS FORM B22B ?
8.			DID THE INDIVIDUAL DEBTOR FILE A LIST OF EXEMPTIONS? (SCHEDULE C)
9.			DOES THE INDIVIDUAL DEBTOR HAVE DOMESTIC SUPPORT OBLIGATIONS AND HAS THE DEBTOR COMPLIED WITH § 704 (a) 10 (AS MADE APPLICABLE BY § § 1107,1106(a)(2))?
			PROVIDED WRITTEN NOTICE TO THE HOLDER OF THE CLAIM.
			PROVIDED WRITTEN NOTICE TO THE STATE CHILD SUPPORT ENFORCEMENT AGENCY OF SUCH CLAIM.
			IS THE DEBTOR AWARE OF THE REQUIREMENTS OF § 704(c)(1)(C), AT THE TIME THE DEBTOR IS GRANTED A DISCHARGE.
10.			HAS THE INDIVIDUAL DEBTOR FILED, IF APPLICABLE, THE REQUIRED INCOME TAX RETURNS WITH THE BANKRUPTCY COURT AND PROVIDED COPIES TO THE U.S. TRUSTEE? § 521(f) THE MOST RECENT TAX RETURN FILED WITH THE I.R.S. IS YEAR
11.			FOR THE INDIVIDUAL DEBTOR, HAS THE “STATEMENT OF SOCIAL-SECURITY NUMBER(S)” (FORM 21 B) BEEN SUBMITTED WITH THE CORRECT TAX IDENTIFICATION INFORMATION?
12.			FOR THE INDIVIDUAL DEBTOR, IS THE DEBTOR AWARE OF IRS NOTICE 2006-83?
			IF DEBTOR IS A BUSINESS
13.			IS THE (NON-INDIVIDUAL) DEBTOR’S TAX IDENTIFICATION NUMBER CORRECT AS IT APPEARS ON THE CASE DOCKET? (If not, please correct the docket and enter here):
14.			HAS THE CORPORATE DEBTOR FILED A LIST OF EQUITY SECURITY HOLDERS ACCORDING TO FRBP 1007(a)(3)?
15.			DOES THE CORPORATE DEBTOR HAVE A CERTIFICATE OF GOOD STANDING WITH THE STATE?

CASE NAME:

CASE NUMBER:

N/A

16.			DID THE CORPORATE / PARTNERSHIP DEBTOR EXECUTE A CORPORATE / PARTNERSHIP RESOLUTION ALLOWING THE FILING OF THE BANKRUPTCY?
17.			HAS THE SMALL BUSINESS § 101 (51 D) DEBTOR FILED THE MOST RECENT BALANCE SHEET, STATEMENT OF OPERATIONS, CASH FLOW STATEMENT, AND FEDERAL INCOME TAX RETURN WITH THE BANKRUPTCY COURT, OR A STATEMENT UNDER PENALTY OF PERJURY THAT NO FINANCIAL STATEMENTS HAVE BEEN PREPARED AND NO FEDERAL INCOME TAX RETURN HAS BEEN FILED? § 1116
18.			IS THE DEBTOR REQUIRED TO FILE FORM B 26 “PERIOD REPORT REGARDING VALUE, OPERATIONS AND PROFITABILITY OF ENTITIES IN WHICH THE ESTATE OF [NAME OF DEBTOR] HOLDS A SUBSTANTIAL OR CONTROLLING INTEREST” FRBP 2015.3?
19.	TYPE OF BUSINESS OPERATIONS (explanation):		
20.	NUMBER OF EMPLOYEES AT TIME OF FILING		
21.	DATE BUSINESS COMMENCED/INCORPORATED		
22.	DATE PROPOSED PLAN OF REORGANIZATION TO BE FILED		
	WITHIN: 120 DAY EXCLUSIVITY PERIOD FOR NON-SMALL BUSINESS. 180 DAY EXCLUSIVITY PERIOD FOR SMALL BUSINESS, 300 DAYS MAXIMUM. 90 DAYS FOR SINGLE ASSET REAL ESTATE (or pay adequate protection).		
23.	PROPOSED PLAN OF REORGANIZATION (explanation)		

CASE NAME:

CASE NUMBER:

24.	CORPORATE OFFICERS, PARTNERS, OR SOLE PROPRIETOR		
	LIST:		
	NAME	TITLE	PERCENT OWNERSHIP COMPENSATION (PAST 12 MONTHS)
	(add additional sheets if needed)		
25.	LIST ALL INSIDERS AS DEFINED IN SECTION 101(31)(A)-(F) OF THE UNITED STATES BANKRUPTCY CODE AND ANY COMPENSATION FOR THE LAST SIX MONTHS		
	NAME	COMPENSATION (PAST 6 MONTHS)	
	(add additional sheets if needed)		
	FINANCIAL CONDITION ON DATE OF FILING:		Dollars
26.	TOTAL ASSETS		
27.	TOTAL DEBTS		
28.	CASH		
29.	INVENTORY		
30.	ACCOUNTS / NOTES RECEIVABLE		
	UNCOLLECTIBLE		
31.	ACCOUNTS / NOTES RECEIVABLE FROM INSIDERS		

CASE NAME:

CASE NUMBER:

32.	MACHINERY FIXTURES & EQUIPMENT			
33.	VEHICLES (TOTAL NUMBER AND VALUE)			
34.	REAL ESTATE			
	LOCATION / DESCRIPTION	VALUE / DEBT	LIEN HOLDER	MONTHS IN ARREARS
	(add additional sheets if needed)			
35.	TOTAL SCHEDULE B PROPERTY			
36.	TAXES OWED			
	TAXING AUTHORITY	/ AMOUNT		
	(add additional sheets if needed)			
37.	WAGES OWED			
38.	NUMBER OF WAGE CLAIMS			
39.	RENT OWED		MONTHS IN ARREARS	

CASE NAME:

CASE NUMBER:

40.	SECURED DEBTS (DO NOT REPEAT OBLIGATIONS LISTED UNDER REAL ESTATE)		
	LOCATION / DESCRIPTION	VALUE / DEBT	LIEN HOLDER MONTHS IN ARREARS
	(add additional sheets if needed)		
41.	UNSECURED DEBTS (TOTAL)		
	N/A		
42.			IS THE DEBTOR'S MAILING ADDRESS CORRECT AS IT APPEARS ON THE CASE DOCKET? If different, please update the docket and enter a correct mailing address for the debtor:
43.			IS THE DEBTOR ATTORNEY'S MAILING ADDRESS CORRECT AS IT APPEARS ON THE CASE DOCKET? (If not please provide an address here):
44.			IS THE DEBTOR ATTORNEY'S DOCKETED EMAIL ADDRESS AN ADDRESS THE U.S. TRUSTEE CAN USE FOR SENDING EMAILS? (If not please enter a current email address here):
45.			CASE TO BE Enter Case Numbers
			JOINTLY ADMINISTERED
			SUBSTANTIVELY CONSOLIDATED

Exhibit B

BANK ACCOUNT DECLARATION

CASE NAME:

CASE NUMBER:

All pre-petition bank accounts of the debtor-in-possession in the above-referenced case, are listed below **with date** closed :

DEPOSITORY	ACCOUNT NAME	ACCOUNT NUMBER	DATE CLOSED

All cash which is property of the estate has been or will be deposited in the following debtor-in-possession bank accounts at the following financial institution(s) **with proper styling on the accounts**:

DEPOSITORY	ACCOUNT NAME	ACCOUNT NUMBER

Regarding the debtor-in-possession bank account(s) listed above, the financial institution(s) listed above submits periodic reports to the United States Trustee regarding balances on hand in bankruptcy estate accounts, and pledges securities with the Federal Reserve or posts a bond in order to insure that estate funds balances exceeding federal deposit insurance limits are protected against loss in the event of the failure of the institution. The United States Trustee will monitor the reports submitted by the institution(s) to assist the debtor-in-possession in insuring compliance with the provisions of 11 U.S.C. §345. **FAILURE TO COMPLY WITH THE REQUIREMENTS OF 11 U.S.C. §345 CONSTITUTES GROUNDS FOR THE UNITED STATES TRUSTEE TO SEEK APPROPRIATE RELIEF FROM THE COURT, INCLUDING THE APPOINTMENT OF A TRUSTEE OR THE DISMISSAL OR CONVERSION OF THE CASE.**

Exhibit C

INSURANCE STATEMENT

CASE NAME:

CASE NUMBER:

Each insurance certificate page should have the United States Trustee as a party to be notified should the debtor's insurance lapse or not be renewed for any reason.

INSURER	TYPE	COVERAGE AMOUNT	POLICY NUMBER	EXPIRATION DATE	PAID THROUGH

Exhibit D

PROJECTED 90-DAY PROFIT AND LOSS STATEMENT (Cash Basis)

CASE NAME:

CASE NUMBER:

	Month	Month	Month
Sales:			
Net Sales			
Cost of Goods Sold:			
Cost of Goods Sold (COGS)			
Gross Profit (Sales Less COGS)			
Other Operating Income			
Operating Expenses:			
Officer/Mgmt Payroll			
Payroll - Other Employees			
Payroll Taxes			
Rental - Real Property			
Leases - Personal Property			
Repairs and Maintenance			
Insurance			
Telephone and Utilities			
Travel and Entertainment			
Misc. Operating Expenses			
Total Operating Expenses			
Net Gain/(Loss) from operations			
Non-Operating Income:			
Interest Income			
Net Gain on Sale of Assets			
Total Non-Operating Income/(Loss)			
NET INCOME/(LOSS)			

Exhibit E

**DESIGNATION AND ACCEPTANCE OF INDIVIDUAL
RESPONSIBLE FOR DISCHARGING THE DUTIES OF THE
DEBTOR IN POSSESSION**

CASE NAME:

CASE NUMBER:

I hereby designate _____, as provided under FRBP 9001(5), as the individual responsible for discharging the duties of the debtor-in-possession under 11 U.S.C. §1107, and as may be required by the court or the United States Trustee.

Exhibit F

**DESIGNATION AND ACCEPTANCE OF INDIVIDUAL RESPONSIBLE FOR
PREPARATION OF FINANCIAL REPORTS FOR DEBTOR-IN-POSSESSION**

CASE NAME:

CASE NUMBER:

I, hereby designate _____, as the individual responsible for the preparation of all financial reports as required by the court or the United States Trustee. Should this individual cease to be responsible for the preparation of financial reports, the debtor-in-possession will promptly designate another individual by serving upon the United States Trustee an amended Designation and Acceptance of Individual Responsible For Preparation of Financial Reports For Debtor-In-Possession.

Exhibit G

REPORTING OF PENSION, RETIREMENT AND HEALTH PLANS

CASE NAME:

CASE NUMBER:

EIN: _____

Is this a public corporation? ☐ Yes ☐ No

1. Does the debtor sponsor a group health or dental plan? ☐ Yes ☐ No **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: _____

Number of Plan participants: Amount of Plan assets: \$

2. Does the debtor sponsor a pension plan? ☐ Yes ☐ No

☐ 401(k) Plan ☐ Profit Sharing Plan ☐ Defined Benefit Plan

☐ Money Purchase Plan ☐ Employee Stock Ownership Plan

Name and address of responsible officer: _____

Who is custodian of plan assets? _____

Do the employees 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, is it fully funded? ☐ Yes ☐ No

Have 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(s), address(es) and title: (If needed attach list)

Has the debtor company received any loans from the plan? If so, please state the approximate date, amount and purpose of the loan. _____

Number of Plan participants: Amount of Plan assets: \$

A copy of this document will be provided to the Department of Labor

Exhibit H

CASE NAME:

CASE NUMBER:

Communications by Office of the United States Trustee Regarding Administrative Matters

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 United States Trustee has issued Guidelines for Debtors-in-Possession. The Guidelines impose certain administrative and reporting responsibilities on chapter 11 debtors-in-possession.]* In addition, debtors-in-possession must comply with certain statutory requirements such as a requirement to pay quarterly fees to the United States Trustee. 28 U.S.C. § 1930(a)(6). The local Office of the United States Trustee is available to assist debtors-in-possession in fulfilling these requirements. In addition, it is frequently necessary for the Office of the United States Trustee to contact debtors-in-possession concerning missing documents, incomplete forms, and other administrative matters.

Part II: WAIVER election

_____ The Office of the United States Trustee **MAY** contact my client directly concerning the administrative requirements of the United States Trustee. These requirements include the proper completion of operating reports, the maintenance of appropriate insurance, banking arrangements, and the payment of quarterly fees.

_____ The Office of the United States Trustee **MAY NOT** communicate directly with my client concerning the administrative requirements of the United States Trustee.

I hereby certify that I have received the United States Trustee's Guidelines For Debtors-In-Possession, that I have read and understand the guidelines, and agree to comply with the guidelines and the requirements set forth therein.

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

That the designees listed on Exhibits E and F understand and have accepted their responsibilities as provided under FRBP 9001(5), as the individual responsible for discharging the duties of the debtor-in-possession under 11 U.S.C. §1107, and as may be required by the court or the United States Trustee, and as the individual responsible for preparation of the financial reports for the debtor-in-possession.

Date _____

Signature _____
Debtor-In-Possession

Date _____

Signature _____
Individual Responsible for Discharging the
Duties of the Debtor-In-Possession

Date _____

Signature _____
Individual Responsible for Preparing the
Financial Reports for the Debtor-In-Possession

The undersigned attorney for the debtor in possession, has read and reviewed with the debtor-in-possession the United States Trustee's Guidelines For Debtor-In-Possession, as well as completed Exhibit H, **Communications by Office of the United State Trustee Regarding Administrative Matters** .

Date _____

Signature _____
Attorney for Debtor