



BUSINESS BANKRUPTCY HOMEWORK PACKET

GENERAL INFORMATION					
Name of Business _____			Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> dba <input type="checkbox"/> Other		
Date of Formation _____		State of Formation _____		Tax Identification Number / Employer Identification Number _____	
Business Mailing Address _____			Business Physical Address (<i>if different from Business Mailing Address</i>) _____		
City _____		State _____		Zip _____	
County _____			County _____		
Does the business have any additional location(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If "Yes," please provide the address(es) of such location(s):</i>					
Business Physical Address (<i>if different from Business Mailing Address</i>) _____			Business Physical Address (<i>if different from Business Mailing Address</i>) _____		
City _____		State _____		Zip _____	
Business Physical Address (<i>if different from Business Mailing Address</i>) _____			Business Physical Address (<i>if different from Business Mailing Address</i>) _____		
City _____		State _____		Zip _____	

CONTACT DETAILS	
Name of Primary Contact: _____	Name of Secondary Contact: _____
Primary Contact Phone: _____	Secondary Contact Phone: _____
Primary Contact E-Mail: _____	Secondary Contact E-Mail: _____

FILING DETAILS					
Has the business previously filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, provide the following for each case filed:</i>					
Chapter	Location (City, State)	Date Filed	Case Number	Debtor Name(s)	Confirmed/ Dismissed?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Reason for interest in filing for bankruptcy? _____					

BUSINESS TAX LIABILITIES | OBLIGATIONS

Provide details for taxes applicable to the business:

- ☐ Sales Tax (Permit No.: _____) Historical annual liability: \$ _____
Is the business current on filing its taxes: ☐ No. ☐ Yes (If "No," identify years/amounts delinquent: _____)
- ☐ Franchise Tax (Tax ID No.: _____) Historical annual liability: \$ _____
Is the business current on filing its taxes: ☐ No. ☐ Yes (If "No," identify years/amounts delinquent: _____)
- ☐ Property Tax (Tax ID No.: _____) Historical annual liability: \$ _____
Is the business current on filing its taxes: ☐ No. ☐ Yes (If "No," identify years/amounts delinquent: _____)
- ☐ IRS Forms 940/941 Historical annual liability: \$ _____
Is the business current on filing its taxes: ☐ No. ☐ Yes (If "No," identify years/amounts delinquent: _____)

QUESTIONS RELATED TO THE BUSINESS

Please state the nature of the business: _____

How long has the business been in operation? _____

Month Year

Has the business formally wound up pursuant to state law? ☐ No ☐ Yes (If "Yes," when? _____)
If, "Yes," what steps have been taken? _____

Is the company subject to reporting requirements with the Securities and Exchange Commission? ☐ No ☐ Yes

BUSINESS TYPE SPECIFIC QUESTIONS**CORPORATIONS**

List all the names of the board of directors of the corporation:

List the names and titles of all the officers of the corporation:

Last First Middle Jr./Sr.

Last First Middle Jr./Sr. Title

Last First Middle Jr./Sr.

Last First Middle Jr./Sr. Title

Last First Middle Jr./Sr.

Last First Middle Jr./Sr. Title

Last First Middle Jr./Sr.

Last First Middle Jr./Sr. Title

Last First Middle Jr./Sr.

Last First Middle Jr./Sr. Title

For all members of more than 5% of the corporation's stock, list the name, address and ownership percentage of each:

Name of Shareholder Ownership % Address

Name of Shareholder Ownership % Address

Name of Shareholder Ownership % Address

Name of Shareholder Ownership % Address

Name of Shareholder Ownership % Address

<p style="text-align: center;">LIMITED LIABILITY COMPANIES (“LLC”) LIMITED LIABILITY PARTNERSHIPS (“LLP”) LIMITED PARTNERSHIPS (“LP”)</p>
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☐ Member-Managed ☐ Manager-Managed

If the entity is an LLC, how is it managed? ☐ Member-Managed ☐ Manager-Managed

If the LLC has managers, list all the names and any specific duties, or limitations, of each:

Duties and/or Limitations

Duties and/or Limitations

Duties and/or Limitations

Duties and/or Limitations

Duties and/or Limitations

<u>Name of General Partner</u>	<u>Ownership %</u>
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Name of General Partner

Ownership %

For all holders of more than 5% of the LLC/LLP/LP's membership/partnership interests, provide the name, address and ownership percentage of each:

Name of Holder	Ownership %	Address
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Name of Holder	Ownership %	Address

Name of Holder	Ownership %	Address
	0%	

Name of Holder	Ownership %	Address
	%	

Name of Holder	Ownership %	Address
<i>If the LLC/LLP/LP has officers, provide the name and title of each:</i>		

If the LLC/LLP/LP has officers, provide the name and title of each:

Title

Title _____

Title _____

Title

Title _____

GENERAL BUSINESS QUESTIONS

AUTHORITY

Regardless of your business model (i.e. Corporation, LLC, LLP, LP, etc.), list the name and title of each person(s) in the business with the authority to sign a bankruptcy petition and/or file the bankruptcy on behalf of the business:

Last	First	Middle	Jr./Sr.	Title	Last	First	Middle	Jr./Sr.	Title
Last	First	Middle	Jr./Sr.	Title	Last	First	Middle	Jr./Sr.	Title
Last	First	Middle	Jr./Sr.	Title	Last	First	Middle	Jr./Sr.	Title
Last	First	Middle	Jr./Sr.	Title	Last	First	Middle	Jr./Sr.	Title

BOOKKEEPERS AND/OR ACCOUNTANTS

List the name(s) and address(es) of all bookkeepers and accountants that the business employed within the last two (2) years, the dates such bookkeeping services were rendered, and any fees remaining unpaid to any bookkeeper and/or accountant:

Name of Bookkeeper / Accountant	Address
	Dates of Service
	\$ Unpaid Fees
Name of Bookkeeper / Accountant	Address
	Dates of Service
	\$ Unpaid Fees

AUDITORS

List the name(s) and address(es) of all individuals and/or firms that have audited the books and records of the business within the last two (2) years, the dates of such audits and any fees remaining unpaid to the individual auditor and/or auditing firm:

Name of Auditor/Auditing Firm	Address
	Dates of Service
	\$ Unpaid Fees
Name of Auditor/Auditing Firm	Address
	Dates of Service
	\$ Unpaid Fees

ACCOUNTING | FINANCIAL STATEMENTS

Identify the basis of accounting of the business:

☐ Cash Basis ☐ Accrual Basis

What valuation method does the business use:

☐ Book Value ☐ Fair Market Value

List all creditors or parties that were issued financial statements by the business in the last two (2) years:

Name of Financial Institution	Last	First	Middle	Jr./Sr.
Name of Financial Institution	Last	First	Middle	Jr./Sr.
Name of Financial Institution	Last	First	Middle	Jr./Sr.
Name of Financial Institution	Last	First	Middle	Jr./Sr.

INVENTORY

List the name(s) of the person performing inventory, the date(s) that inventory was taken, the total dollar amount after each inventory was taken and the name(s) and address(es) of persons who are in possession of inventory reports:

Name of Person Performing Inventory	Date of Inventory	\$ Total Dollar Amount
Name of Person <u>in Possession of</u> Inventory Report (if differs from above)	Address of Person in Possession of Inventory Report	
Name of Person Performing Inventory	Date of Inventory	\$ Total Dollar Amount
Name of Person <u>in Possession of</u> Inventory Report (if differs from above)	Address of Person in Possession of Inventory Report	
Name of Person Performing Inventory	Date of Inventory	\$ Total Dollar Amount
Name of Person <u>in Possession of</u> Inventory Report (if differs from above)	Address of Person in Possession of Inventory Report	

WITHDRAWALS

List any and all withdrawals that were made from the business in the last two (2) years (i.e. officer compensation, stock issuances to officers and/or directors), the date(s) of such withdrawals and the value of such withdrawals:

Description of Withdrawal	Date of Withdrawal	\$ Value of Withdrawal
Description of Withdrawal	Date of Withdrawal	\$ Value of Withdrawal
Description of Withdrawal	Date of Withdrawal	\$ Value of Withdrawal
Description of Withdrawal	Date of Withdrawal	\$ Value of Withdrawal

ENVIRONMENTAL VIOLATIONS

For any environmental violations in the last two (2) years, provide a brief description and the date the violation was received:

Brief Description of Violation	Date of Notice	Brief Description of Violation	Date of Notice
Brief Description of Violation	Date of Notice	Brief Description of Violation	Date of Notice
Brief Description of Violation	Date of Notice	Brief Description of Violation	Date of Notice

REPOSSESSIONS

For any repossessions occurring in the last two (2) years, provide a brief description, date and the value of the property repossessed:

Description of Property Repossessed	Date of Repossession	\$ Value of Property Repossessed
Description of Property Repossessed	Date of Repossession	\$ Value of Property Repossessed
Description of Property Repossessed	Date of Repossession	\$ Value of Property Repossessed

GIFTS AND/OR CHARITABLE CONTRIBUTIONS

If the business has made any gifts or charitable contributions in the last year, provide a description, date and value of such gift or charitable contribution:

Description of Gift and/or Charitable Contribution	Date	\$ _____ Value
Description of Gift and/or Charitable Contribution	Date	\$ _____ Value
Description of Gift and/or Charitable Contribution	Date	\$ _____ Value
Description of Gift and/or Charitable Contribution	Date	\$ _____ Value

LOSSES FROM FIRE OR GAMBLING

If the business has suffered any losses from fire, theft or other casualty in the last year, provide a description of the property lost and how the loss occurred, the amount of payments received for the loss, the date of the loss and the value of the property lost:

Description of Loss	How Loss Occurred	Amount of Loss Payments	Date of Loss	\$ _____ Value of Property
Description of Loss	How Loss Occurred	Amount of Loss Payments	Date of Loss	\$ _____ Value of Property
Description of Loss	How Loss Occurred	Amount of Loss Payments	Date of Loss	\$ _____ Value of Property
Description of Loss	How Loss Occurred	Amount of Loss Payments	Date of Loss	\$ _____ Value of Property

TRANSFERS IN THE ORDINARY COURSE

List all transfers the business has made, in the ordinary course, in the last year, and, in the last 90 days, payments made to one payee in the amount of \$6,425:

Description of the Transfer	Date of Transfer	\$ _____ Value of Transfer
Name of Transferee	Address of Transferee	
Description of the Transfer	Date of Transfer	\$ _____ Value of Transfer
Name of Transferee	Address of Transferee	
Description of the Transfer	Date of Transfer	\$ _____ Value of Transfer
Name of Transferee	Address of Transferee	

INSURANCE POLICIES

For all insurance policies (general liability, property, worker's compensation and all others), specify the insurance provider, type of coverage, policy number, expiration date and amount of coverage:

Insurance Provider's Name	Type of Policy	Policy No.	Expiration Date	\$ _____ Amount of Coverage
Insurance Provider's Name	Type of Policy	Policy No.	Expiration Date	\$ _____ Amount of Coverage
Insurance Provider's Name	Type of Policy	Policy No.	Expiration Date	\$ _____ Amount of Coverage
Insurance Provider's Name	Type of Policy	Policy No.	Expiration Date	\$ _____ Amount of Coverage

CLOSED FINANCIAL ACCOUNTS

List all financial accounts closed in the **last year**, specify account type (i.e., checking, savings, brokerage, etc.), account number, date of closure and account balance on the date of such closure:

Account Type	Account Number	Date of Account Closure	\$ Balance on Date of Closure
Account Type	Account Number	Date of Account Closure	\$ Balance on Date of Closure
Account Type	Account Number	Date of Account Closure	\$ Balance on Date of Closure
Account Type	Account Number	Date of Account Closure	\$ Balance on Date of Closure

DEPOSITORIES

List all safe deposit boxes that the business owned in the last year which contained securities and/or other valuables, including the name of the depository, address of the depository, contents of the safe deposit box and value of the contents in the safe deposit box:

Name of Depository	Description of Contents in Depository
Depository Address	\$ Value of Contents
Name of Depository	Description of Contents in Depository
Depository Address	\$ Value of Contents

PRIOR ADDRESSES

List all prior addresses of the business in the last three (3) years and the dates of occupancy:

Address	_____ to _____ Dates of Occupancy
Address	_____ to _____ Dates of Occupancy
Address	_____ to _____ Dates of Occupancy
Address	_____ to _____ Dates of Occupancy

YEARLY OPERATIONS OF THE BUSINESS

Gross income of the business in 2022(YTD):	\$ _____
Gross income of the business in 2021:	\$ _____
Gross income of the business in 2020:	\$ _____
Gross income of the business in 2019:	\$ _____

MONTHLY EXPENSES

Type of Expense:	Amount Paid each Month:
Lease or Mortgage	Total Payment \$ _____
Electric Bill	\$ _____
Water Bill	\$ _____
Cable TV	\$ _____
Internet	\$ _____
Telephone	\$ _____
Stationary & Supplies	\$ _____
Business Equipment Leases (<i>i.e. copier, fax machine, vehicles</i>)	\$ _____
Gasoline for Business Related Activities	\$ _____
Advertising	\$ _____
Licenses	\$ _____
Postage and Shipping Fees	\$ _____
Labor Costs	\$ _____
Owner's Pay	\$ _____
Inventory Purchases	\$ _____
Payroll Expenses	\$ _____
Other Miscellaneous Expenses	\$ _____
Other (<i>specify</i>): _____	\$ _____

PAYROLL

Name of Employee or Independent Contractor	Title or Position	Monthly Payroll
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

LEASES AND EXECUTORY CONTRACTS				
Name and Address of Creditor	Type of Contract	Expiration Date	Amount Remaining on Contract	Amount of Default
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

MONTHLY INCOME OF THE BUSINESS	
Source of Income	Amount Received
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

BUSINESS ASSETS			
List all assets of the business, including value of each such asset and specify whether the asset is owned, leased or purchased under a security agreement. Remember to include any office equipment and equipment specialized for your particular business:			
Description of Business Asset	Is the Asset Owned, Leased or Purchased?	Value of Asset	Valuation Method (i.e., book or FMV) or Appraised Value
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

REAL PROPERTY			
Description of Real Property	Street Address	Is there an insurance policy for the property?	Fair Market Value
		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No <input type="checkbox"/> Yes	\$

FINANCIAL ACCOUNTS / CASH			
How much cash does the business have on hand as of today?		\$_____	
<i>List all bonds that the business owns and the value of each:</i>			
_____	\$_____	_____	\$_____
Description of Bond	Value of Bond	Description of Bond	Value of Bond
_____	\$_____	_____	\$_____
Description of Bond	Value of Bond	Description of Bond	Value of Bond
_____	\$_____	_____	\$_____
Description of Bond	Value of Bond	Description of Bond	Value of Bond

BANK ACCOUNTS			
<i>List all checking and/or savings accounts, CDs, money market account(s), etc. and negotiable instruments for which the business has an interest:</i>			
Type of Business Account and Account Number	Institution	Current Balance	Name of Individual(s) with Authority to Access
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

INVESTMENT ACCOUNTS			
<i>List all stock, bond, brokerage and accounts of similar import for which the business has an interest:</i>			
Type of Investment Account and Account Number	Institution	Current Balance	Name of Individual(s) with Authority to Access
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

LIFE INSURANCE POLICIES

List all life insurance policies for which the business is a listed beneficiary:

Life Insurance Policy and Policy Number	Issuer of Policy	Is the policy a whole or term life policy?
		<input type="checkbox"/> Whole <input type="checkbox"/> Term Life
		<input type="checkbox"/> Whole <input type="checkbox"/> Term Life
		<input type="checkbox"/> Whole <input type="checkbox"/> Term Life
		<input type="checkbox"/> Whole <input type="checkbox"/> Term Life
		<input type="checkbox"/> Whole <input type="checkbox"/> Term Life

SUBSIDIARIES

Name of Subsidiary	State of Formation	Ownership Percentage	Fair Market Value of Interest in the Subsidiary
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$

ACCOUNTS RECEIVABLE

Name	Address	Total Amount Owed	Aging of A/R	Last Date of Attempted Collection	Is the Debt Collectible?
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes

BUSINESS INVENTORY	
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[illegible]

BUSINESS EQUIPMENT	
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List all machinery, appliances, vehicles, etc. owned by the business, the value of each such equipment and specify whether the equipment is owned, leased or purchased under a security agreement:

[illegible]

MISCELLANEOUS ASSETS			
Description of Business Asset	Is the Asset Owned, Leased or Purchased?	Value of Asset	Valuation Method (i.e., book or FMV) or Appraised Value
Licenses:			
		\$	
		\$	
		\$	
		\$	
		\$	
Patents / Trademarks:			
		\$	
		\$	
		\$	
		\$	
		\$	
Office Supplies:			
		\$	
		\$	
		\$	
		\$	
		\$	
Uniforms / Clothing:			
		\$	
		\$	
		\$	
		\$	
		\$	
Furniture:			
		\$	
		\$	
		\$	
		\$	
		\$	
Computers:			
		\$	
		\$	
		\$	
		\$	
		\$	
Phone Systems:			
		\$	
		\$	
		\$	
		\$	
		\$	

MISCELLANEOUS ASSETS	
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Description of Business Asset	Is the Asset Owned, Leased or Purchased?	Value of Asset	Valuation Method (i.e., book or FMV) or Appraised Value

Audio Systems:

		\$	
		\$	
		\$	
		\$	
		\$	

Decorative:

		\$	
		\$	
		\$	
		\$	
		\$	

Other:

		\$	
		\$	
		\$	
		\$	
		\$	

FOR ANY QUESTIONS ON PAGES 2–15 THAT REQUIRED MORE SPACE, PLEASE USE THE SPACE BELOW:

[illegible]

LIABILITIES OF THE COMPANY				
SECURED DEBTS—LIABILITIES WITH COLLATERAL				
Creditor Name and Address	Description of Collateral	Name Co-Debtors (if any)	Interest Rate	Amount Owed
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$

PRIORITY CLAIMS—TAXES OWED BY THE BUSINESS			
INTERNAL REVENUE SERVICE TAX LIABILITY			
Amount Owed	Year(s) Owed	Name Co-Debtors (if any)	Income or Payroll
\$			<input type="checkbox"/> Income <input type="checkbox"/> Payroll
\$			<input type="checkbox"/> Income <input type="checkbox"/> Payroll
\$			<input type="checkbox"/> Income <input type="checkbox"/> Payroll
\$			<input type="checkbox"/> Income <input type="checkbox"/> Payroll
\$			<input type="checkbox"/> Income <input type="checkbox"/> Payroll

BUSINESS PROPERTY AND REAL PROPERTY TAX LIABILITY			
Taxing Authority	Name Co-Debtors (if any)	Amount Owed	Year(s) Owed
		\$	
		\$	
		\$	
		\$	
		\$	

CREDIT CARD MERCHANTS					
Merchant Name and Address	Amount	How Often?	Name Co-Debtors (if any)	Interest Rate	Amount Owed
	\$			%	\$
	\$			%	\$
	\$			%	\$
	\$			%	\$

UNSECURED DEBTS

Does the business have any credit card debt?

☐ No ☐ Yes*If "Yes," list all accounts and their balances:*

Creditor Name (Account)

\$

Outstanding Balance

Creditor Name (Account)

\$

Outstanding Balance

Creditor Name (Account)

\$

Outstanding Balance

List Co-Debtors (if any):

Does the business have any unpaid service contracts?

☐ No ☐ Yes*If "Yes," list the name of the person to whom the balance is owed, the outstanding balance and the nature of the contract:*

Creditor Name (Account)

\$

Outstanding Balance

Nature of Contract

Creditor Name (Account)

\$

Outstanding Balance

Nature of Contract

Creditor Name (Account)

\$

Outstanding Balance

Nature of Contract

List Co-Debtors (if any):

Does the business owe any vendor under contracts for materials received, but not yet paid for, by the business?

☐ No ☐ Yes*If "Yes," list the name of the person to whom the balance is owed, the outstanding balance and the materials that were purchased:*

Creditor Name (Account)

\$

Outstanding Balance

Brief Description of Materials Purchased

Creditor Name (Account)

\$

Outstanding Balance

Brief Description of Materials Purchased

Creditor Name (Account)

\$

Outstanding Balance

Brief Description of Materials Purchased

List Co-Debtors (if any):

OTHER UNSECURED DEBTS

Please list the remainder of unsecured debts below that you have not already listed above:

Creditor Name	Brief Description	Name of Co-Debtors (if any)	Outstanding Balance
			\$
			\$
			\$
			\$
			\$

JUDGMENTS / LAWSUITS

List all lawsuits, whether active or inactive for the past two (2) years, filed against the business and include whether you, personally, or any officers and/or employees of the business, are personally involved in any such lawsuit. Also include any lawsuits that the business has filed against third-parties:

LAWSUIT #1:

Plaintiff	Plaintiff's Counsel	Defendant	Defendant's Counsel
Plaintiff's Address		Defendant's Address	
Nature of Lawsuit	Date Lawsuit Filed	\$ Damages Requested	Status of Lawsuit

LAWSUIT #2:

Plaintiff	Plaintiff's Counsel	Defendant	Defendant's Counsel
Plaintiff's Address		Defendant's Address	
Nature of Lawsuit	Date Lawsuit Filed	\$ Damages Requested	Status of Lawsuit

LAWSUIT #3:

Plaintiff	Plaintiff's Counsel	Defendant	Defendant's Counsel
Plaintiff's Address		Defendant's Address	
Nature of Lawsuit	Date Lawsuit Filed	\$ Damages Requested	Status of Lawsuit

Were any professionals retained by the business in connection with the lawsuits listed above? ☐ No ☐ Yes

If "Yes," provide the following details:

Name of Professional	
Professional Services	\$ Outstanding Fees
Name of Professional	
Professional Services	\$ Outstanding Fees
Name of Professional	
Professional Services	\$ Outstanding Fees

List all Abstracts of Judgment and the filing date of the judgement:

Abstract of Judgment	Date of Judgment	Abstract of Judgment	Date of Judgment
Abstract of Judgment	Date of Judgment	Abstract of Judgment	Date of Judgment

DOCUMENTS TO BRING TO INITIAL CONSULTATION

1. Last three (3) years of business tax returns
2. Last three (3) years of K-1s
3. One (1) year of statements from each business account (*i.e. business checking, savings, brokerage, etc.*)
4. Most current profit and loss statement
5. Accounts receivable / payable report
6. List of personal guarantees
7. Amount of cash on hand and source(s) of the funds
8. Most recent balance sheet
9. Cash flow income statement
10. Corporate Resolutions which authorize and approve the filing of the bankruptcy