

**Client Questionnaire For Business Debtor**  
**Section 1 - Basic Information**

**Part A. Name and Address**

Name of business: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ext: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Email: \_\_\_\_\_

Has the business gone by any other names in the past eight years?  No  Yes

**If yes, please list other names used:**

Federal Tax ID or Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Has the business been at this address for at least 180 days?  No  Yes

If there is a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part B. Nature of Business**

1. Location of principal assets, if different from address above:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Please describe the nature of your business: \_\_\_\_\_

3. Who is the authorized signer? \_\_\_\_\_ His/Her title? \_\_\_\_\_

4. Do any of the following describe your business?  Railroad  Stockbroker  Commodity Broker  Clearing Bank  
 Health Care Business  Single Asset Real Estate  501(c)(3) Non-Profit

**Part C. Prior and/or Pending Bankruptcy Cases**

Has a bankruptcy case been filed by your company or against your company in the last 8 years?  No  Yes

**If yes**, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending involving you, your business, your business partner, or any of your affiliates?  No  Yes

**If yes**, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Judge: \_\_\_\_\_

District in which the case was filed: \_\_\_\_\_

## Exhibit "C" to the Voluntary Petition

Does your company own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes

**If yes**, please list and describe the property:



## Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether the business owns any property of that category, and, if so, fill in the remaining information. You can think of the value as the resale value. Attach additional pages if necessary.

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
1. Cash on hand	<input type="checkbox"/> No  <input type="checkbox"/> Yes			
2. Checking/Savings Account, Certificates of deposit, other bank accounts	<input type="checkbox"/> No  <input type="checkbox"/> Yes			
3. Security deposits held by utility companies, landlord	<input type="checkbox"/> No  <input type="checkbox"/> Yes			
4. Household goods, furniture, including audio, video, and computer equipment	<input type="checkbox"/> No  <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
5. Books, pictures, art objects, records, compact discs, collectibles	<input type="checkbox"/> No <input type="checkbox"/> Yes			
6. Clothing	<input type="checkbox"/> No <input type="checkbox"/> Yes			
7. Furs and jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			
8. Sports, photographic, hobby equipment, firearms	<input type="checkbox"/> No <input type="checkbox"/> Yes			
9. Interest in insurance policies-specify refund or cancellation value	<input type="checkbox"/> No <input type="checkbox"/> Yes			
10. Annuities	<input type="checkbox"/> No <input type="checkbox"/> Yes			
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
12. Interests in pension or profit sharing plans	<input type="checkbox"/> No <input type="checkbox"/> Yes			
13. Stock and interests in incorporated/ unincorporated business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
14. Interests in partnerships/joint ventures	<input type="checkbox"/> No <input type="checkbox"/> Yes			
15. Bonds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
16. Accounts receivable	<input type="checkbox"/> No <input type="checkbox"/> Yes			
17. Alimony/family support to which you are entitled	<input type="checkbox"/> No <input type="checkbox"/> Yes			
18. Other liquidated debts owed to you, including tax refunds	<input type="checkbox"/> No <input type="checkbox"/> Yes			
19. Equitable or future interests or life estates	<input type="checkbox"/> No <input type="checkbox"/> Yes			
20. Interests in estate of decedent or life insurance plan or trust	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
21. Other contingent/unliquidated claims, including tax refunds, counterclaims	<input type="checkbox"/> No <input type="checkbox"/> Yes			
22. Patents, copyrights, other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			
23. Licenses, franchises	<input type="checkbox"/> No <input type="checkbox"/> Yes			
24. Customer List or other compilation with personally identifiable information	<input type="checkbox"/> No <input type="checkbox"/> Yes			
25. Automobiles, trucks, trailers, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
26. Boats, motors, and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
27. Aircraft and accessories	<input type="checkbox"/> No <input type="checkbox"/> Yes			
28. Office equipment, supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Type of Property	Do you own this type of property?	Description and Location of Property	Value	Office Use Only <i>Notes</i>
29. Machinery, fixtures etc. for business	<input type="checkbox"/> No <input type="checkbox"/> Yes			
30. Inventory	<input type="checkbox"/> No <input type="checkbox"/> Yes			
31. Animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			
32. Crops - growing or harvested	<input type="checkbox"/> No <input type="checkbox"/> Yes			
33. Farming equipment and implements	<input type="checkbox"/> No <input type="checkbox"/> Yes			
34. Farm supplies, chemicals, feed	<input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Other personal property of any kind not listed.	<input type="checkbox"/> No <input type="checkbox"/> Yes			



### Section 3 - Debts

List below all debts that more than likely will not show up on a credit report. Please provide the State in which you received your social security card \_\_\_\_\_ (debtor) \_\_\_\_\_ (joint debtor), and all zipcodes you have resided in during the last 5 years

Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Office Use Only	
						Sched. D, E, or F?	Notes: lawsuit pending? Collection agency or attorney signed
Mortgages							
Car/vehicle loans							
Unpaid utility bills							
Unpaid rent							

Type of Debt	1. Creditor Name and Address 2. Date/Range of dates when debt was incurred 3. Account Number, if any 4. Contact person's name and address, if different	Amount owed	What is the debt for? Describe the collateral for this loan, if any. What is the estimated value of the collateral?	Is there a codebtor, someone else who can be held responsible for the debt? If so, his/her name and address:	Do you dispute the debt?	Office Use Only	
						Sched. D, E, or F?	Notes: lawsuit pending? Collection agency or attorney signed
Unpaid taxes							
Unpaid service fees (to attorneys, accountants etc.)							
Trade Debts							
All other unpaid debts/bills							



## Section 5 - Statement of Financial Affairs

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	Dollar Amount you were paid	Source (i.e. employer name or business name)
January 1 of this year through date of commencement of case	_____	_____
Last year (January 1 - December 31)	_____	_____
The year before last (January 1 - December 31)	_____	_____

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the two years immediately preceding the commencement of this case:

NONE

Period	Dollar Amount you were paid	Source
During the last year	_____	_____
Year before last	_____	_____

3. Payments to creditors

- a. **If your debts are primarily consumer debts (i.e. non-business)**, list all payments totaling over **\$600** made within the last 90 days on loans, installment purchases of goods or services, and other debts. Indicate with an asterisk (\*) any payments that were made on account of a domestic support obligation (i.e. *alimony, child support, etc.*) or that were made as part of an alternative repayment plan.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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- b. **If your debts are primarily non-consumer debts (i.e. business)**, list all payments totaling over **\$5,850** made within the last 90 days to any creditor.

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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c. **All debtors**, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company for Whom the Property was Seized (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Repossession Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
_____	_____	_____

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Custodian	Name and location of Court, Caste Title and Number	Date of Order	Description and Value of Property
_____	_____	_____	_____

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
_____	_____	_____	_____

8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
_____	_____	_____



9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
Law Offices of Jeffrey A. Herzog			\$1,400.00 for attorney time and \$500 for costs (filing fee, courses, etc.)

10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case

NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property and Value Received

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of those with Access to Box or Depository	Description of Contents	Date of Transfer, if any
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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See second HOUSEHOLD GOOD WORKSHEET IF UNABLE TO FIT IN THIS SPACE

15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name
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17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

<u>Name and Address of Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
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18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole partnership, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
_____	_____	_____	_____	_____

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as define in 11 U.S.C. § 101.

NONE

Name	Address
_____	_____

19. Books, records, and financial statements

a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address	Dates Services Rendered
_____	_____

b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

NONE

Name	Address	Dates Services Rendered
_____	_____	_____

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

NONE

Name and Address	Comments
_____	_____

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE

Name and Address	Dates Issued
_____	_____

20. Inventories

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
_____	_____	_____

b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
_____	_____

21. Current partners, officers, directors, and shareholders

a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature of Interest	Percentage of Interest
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b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
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22. Former partners, officers, directors and shareholders

a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
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b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
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23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Parent Corporation	Taxpayer Identification Number
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25. Pension Funds

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NONE

Name of Pension Fund	Taxpayer Identification Number
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