COMMITTEE ON RULES OF PRACTICE AND PROCEDURE

OF THE

JUDICIAL CONFERENCE OF THE UNITED STATES

WASHINGTON, D.C. 20544

CHAIRS OF ADVISORY COMMITTEES ANTHONY J. SCIRICA CHAIR SAMUEL A. ALITO, JR. PETER G. McCABE APPELLATE RULES SECRETARY A. THOMAS SMALL BANKRUPTCY RULES TO: Anthony J. Scirica, Chair DAVID F. LEVI Committee on Rules of Practice and Procedure **CIVIL RULES EDWARD E. CARNES** FROM: A. Thomas Small, Chair **CRIMINAL RULES** Advisory Committee on Bankruptcy Rules MILTON I. SHADUR **EVIDENCE RULES** DATE: December 14, 2001 RE: Report of the Advisory Committee on Bankruptcy Rules

I. INTRODUCTION

The Advisory Committee on Bankruptcy Rules was scheduled to meet on September 13-14, 2001, in Plymouth, Massachusetts. The meeting was canceled due to the tragic events of September 11.

Although the Advisory Committee did not meet in September, the Committee did take action to approve a preliminary draft of amendments to Bankruptcy Rule 1005 and Official Forms 1, 3, 5, 6, 7, 8, 9, 10, 16A, 16C and 19. The action was taken in response to the approval of a Privacy and Public Access to Electronic Case Files policy by Judicial Conference of the United States on the recommendation of the Committee on Court Administration and Case Management in September 2001.

II. ACTION ITEMS

Preliminary Draft of Proposed Amendments to Bankruptcy Rule 1005, and Official Forms 1, 3, 5, 6, 7, 8, 9, 10, 16A, 16C and 19.

Synopsis of Proposed Amendments:

Rule 1005 is amended to implement the Judicial Conference policy to limit the disclosure of social security numbers and similar identifiers by requiring only the last four digits of the social security numbers in the title of the case.

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Official Forms 1, 3, 5, 6, 7, 8, 9, 10, 16A, 16C and 19 are amended to limit the disclosure of social security numbers and similar identifiers by requiring only the last four digits of the social security numbers and the last four digits of any account numbers that debtors may have with creditors. The Forms also are amended to include a reference to 11 U.S.C. § 110 which requires the full disclosure of the social security number of bankruptcy petition preparers.

Text of proposed amendments to Rule 1005 and Official Forms 1, 3, 5, 6, 7, 8, 9, 10, 16A, 16C, and 19 are attached.

III. INFORMATION ITEMS

A. Publication of Proposed Amendments

At its June 2001 meeting, the Standing Committee authorized the publication of a preliminary draft of proposed amendments to the Bankruptcy Rules and Official Forms. There is a proposed new rule, and proposed amendments to four rules and three forms. The deadline for submitting written comments on the proposals is February 15, 2002. A public hearing is scheduled for January 4, 2002, in Washington, D.C. To date, no requests for personal appearances has been received. Any comments that are received will be considered by the Advisory Committee at its March 2002 meeting. The Advisory Committee expects to present these amendments to the Standing Committee for approval by the Standing Committee at its June 2002 meeting.

B. Proposed Bankruptcy Legislation

Both the House and Senate passed versions of bankruptcy reform legislation. A conference committee has been appointed to reconcile the two bills, and that committee has undertaken the task to a limited degree. The events of September 11, 2001, understandably have caused an adjustment in the legislative agenda, and it does not appear that comprehensive bankruptcy reform will be enacted in the immediate future. Nonetheless, the conference committee is continuing its work, and the Advisory Committee is monitoring these developments to remain prepared to propose any necessary rules and forms amendments and additions. It is also possible that selected provisions of the reform legislation could be enacted on a piecemeal basis, including enactments such as the proposed chapter on cross border insolvency proceedings, that would require rules and forms amendments or additions.

Attachments: Proposed Amendment to Bankruptcy Rule 1005 Proposed Amendments to Official Forms

PROPOSED AMENDMENTS TO THE FEDERAL RULES OF BANKRUPTCY PROCEDURE*

Rule 1005. Caption of Petition

The caption of a petition commencing a case under the 1 2 Code shall contain the name of the court, the title of the case, 3 and the docket number. The title of the case shall include the 4 name, last four digits of the social security number and 5 employer's tax identification number of the debtor and all other names used by the debtor within six years before filing 6 7 the petition. If the petition is not filed by the debtor, it shall 8 include all names used by the debtor which are known to the 9 petitioners.

COMMITTEE NOTE

The rule is amended to implement the Judicial Conference policy to limit the disclosure of a party's social security number and similar identifiers. Under the rule, as amended, only the last four digits of these identifiers need be included in the caption of the petition.

^{*}New material is underlined; matter to be omitted is lined through.

| FORM B1 | United States Bankrupt District of | tcy Court | Voluntary Petitio | | | | | |
|--|---|---|---|--|--|--|--|--|
| Name of Debtor (if ind | lividual, enter Last, First, Middle): | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | |
| All Other Names used (include married, maider | by the Debtor in the last 6 years n, and trade names): | All Other Names used (include married, maide | by the Joint Debtor in the last 6 years n, and trade names): | | | | | |
| Last fourdigits of Soc. one, state all): | Sec./Tax I.D. No. (if more than | Last four digits of Soc all): | . Sec./Tax I.D. No. (if more than one, state | | | | | |
| Street Address of Debt | tor (No. & Street, City, State & Zip Code): | Street Address of Join | t Debtor (No. & Street, City, State & Zip C | | | | | |
| County of Residence of Principal Place of Bus | | County of Residence Principal Place of Bus | | | | | | |
| Mailing Address of De | ebtor (if different from street address): | Mailing Address of Jo | int Debtor (if different from street address | | | | | |
| (if different from street a | Information Regarding the I | Dekter (Check the | | | | | | |
| Venue (Check any applied | • • | | | | | | | |
| Venue (Check any applie Debtor has been dom preceding the date of | cable box) | of business, or principal ass days than in any other Distri | ets in this District for 180 days immediately ct. | | | | | |
| Venue (Check any applied Debtor has been domestication preceding the date of There is a bankruptce | cable box) niciled or has had a residence, principal place f this petition or for a longer part of such 180 y case concerning debtor's affiliate, general p tor (Check all boxes that apply) | of business, or principal ass days than in any other Distri- partner, or partnership pendin Chapter or Section the Petitic Chapter 7 Chapter 9 | ets in this District for 180 days immediately ict. g in this District. of Bankruptcy Code Under Which on is Filed (Check one box) Chapter 11 Chapter 13 Chapter 12 | | | | | |
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| Official Form 1) (DRAFT) | | FORM B1, Page 2 | | | | | |
|--|--|--|--|--|--|--|--|
| Voluntary Petition (This page must be completed and filed in every case) | Name of Debtor(s): | | | | | | |
| Prior Bankruptcy Case Filed Within Last 6 Ye | Case Number: | Date Filed: | | | | | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Name of Debtor: | r Affiliate of this Debtor (If mo Case Number: | re than one, attach additional sheet) Date Filed: | | | | | |
| District: | Relationship: | Judge: | | | | | |
| Signa | N . | | | | | | |
| Signature(s) of Debtor(s) (Individual/Joint) declare under penalty of perjury that the information provided in this petition is true and correct. If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand he relief available under each such chapter, and choose to proceed | (e.g., forms 10K and 10Q) v Commission pursuant to Sec Exchange Act of 1934 and is n Exhibit A is attached and n Exhibit A is attached and n | s required to file periodic reports with the Securities and Exchange tion 13 or 15(d) of the Securities requesting relief under chapter 11) nade a part of this petition. it B | | | | | |
| Inder chapter 7. request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Debtor X | whose debts are prim I, the attorney for the petitioner that I have informed the petition chapter 7, 11, 12, or 13 of title 1 explained the relief available un X | | | | | | |
| X Signature of Joint Debtor | Signature of Attorney for D | Debtor(s) Date | | | | | |
| Telephone Number (If not represented by attorney) Date Signature of Attorney | Does the debtor own or have p or is alleged to pose a threat of public health or safety? | ibit C possession of any property that poses imminent and identifiable harm to ched and made a part of this petition. | | | | | |
| X Signature of Attorney for Debtor(s) | Signature of Non-A | ttorney Petition Preparer | | | | | |
| Printed Name of Attorney for Debtor(s) | I certify that I am a bankruptcy § 110, that I prepared this docur provided the debtor with a copy | petition preparer as defined in 11 U.S.C. nent for compensation, and that I have of this document. | | | | | |
| Firm Name | Printed Name of Bankrupto | cy Petition Preparer | | | | | |
| Address | Social Security Number (Re | equired by 11 U.S.C.§ 110) | | | | | |
| Telephone Number | Address | | | | | | |
| Date Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this | Names and Social Security prepared or assisted in prep | v numbers of all other individuals who paring this document: | | | | | |
| petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. | additional sheets conformi each person. | repared this document, attach ing to the appropriate official form for | | | | | |
| X Signature of Authorized Individual | X Signature of Bankruptcy P | etition Preparer | | | | | |
| Printed Name of Authorized Individual | Date | | | | | | |
| Title of Authorized Individual | A bankruptcy petition prepare of title 11 and the Federal Rul | er's failure to comply with the provisions les of Bankruptcy Procedure may result | | | | | |
| Date | in fines or imprisonment or be | oth 11 U.S.C. §110; 18 U.S.C. §156. | | | | | |

COMMITTEE NOTE

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The form has been amended to require the debtor to disclose only the last four digits of the debtor's Social Security or other Taxpayer Identification number. Those four digits will provide creditors with sufficient information to identify the debtor accurately while affording greater privacy to the debtor. Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

Form 1

Official Form 3 (DRAFT)

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| 1 re | | | | Case No | |
|---|--|--|--|---|--|
| | Debt | tor | | Chapter | |
| | A | PPLICATION T | O PAY FILING I | EE IN INSTALLMENT | s |
| | In accordance with Fed. R | . Bankr. P. 1006, I appl | y for permission to pay 1 | he Filing Fee amounting to \$ | in installments. |
| | I certify that I am unable t | to pay the Filing Fee exc | ept in installments. | | |
| ther m | I further certify that I have | e not naid any money or | transferred any property | to an attorney for services in conne his case until the filing fee is paid in | ction with this case and that I will a full. |
| | I propose the following te | rms for the payment of t | he Filing Fee.* | | |
| | \$\$ | Check one on or before | With the filing of the | petition, or | |
| | \$ | on or before | | * | |
| | \$ | | | | |
| | The number of installmen petition. For cause shown filing the petition. Fed. R | ts proposed shall not ex n, the court may extend L. Bankr. P. 1006(b)(2). | ceed four (4), and the fin the time of any installme | al installment shall be payable not nt, provided the last installment is p | and not later than 180 days after |
| | I understand that if I fail t | to pay any installment w | | case may be dismissed and I may no | ot receive a discharge of my debts. |
| gnatur | e of Attorney | Date | | ignature of Debtor | Date |
| | - | | (| In a joint case, both spouses must si | gn.) |
| ume of | Attorney | | (| In a joint case, both spouses must si lignature of Joint Debtor (if any) | - |
| | Attorney | | (| in a joint case, both spouses must si | Date |
| RTI | Attorney FICATION AND SIGNAT | • | RNEY BANKRUPTCY | ignature of Joint Debtor (if any) PETITION (See 11 U.S.C. § 110) | Date |
| ERTIF | Attorney TICATION AND SIGNAT | tition preparer as define | RNEY BANKRUPTCY | in a joint case, both spouses must si lignature of Joint Debtor (if any) PETITION (See 11 U.S.C. § 110) at I prepared this document for com | Date |
| ERTIF [certif e debto | Attorney TICATION AND SIGNAT | stition preparer as define nent. I also certify that | RNEY BANKRUPTCY | In a joint case, both spouses must si lignature of Joint Debtor (if any) PETITION (See 11 U.S.C. § 110) at I prepared this document for com or any other property from the debto Social Security | Date pensation, and that I have provided or before the filing fee is paid in full. No. |
| ERTIF I certif e debto | Attorney FICATION AND SIGNAT by that I am a bankruptcy peop or with a copy of this docur | stition preparer as define nent. I also certify that | RNEY BANKRUPTCY | In a joint case, both spouses must si lignature of Joint Debtor (if any) PETITION (See 11 U.S.C. § 110) at I prepared this document for com or any other property from the debto Social Security | Date pensation, and that I have provided or before the filing fee is paid in full. |
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| ERTIF certif e debto inted o ddress ames a | Attorney FICATION AND SIGNAT by that I am a bankruptcy peo or with a copy of this docur or Typed Name of Bankrup or Typed Name of Bankrup | s of all other individuals | RNEY BANKRUPTCY d in 11 U.S.C. § 110, th will not accept money | In a joint case, both spouses must si lignature of Joint Debtor (if any) PETITION (See 11 U.S.C. § 110) at I prepared this document for com or any other property from the debto Social Security (Required by 1 | Date pensation, and that I have provided or before the filing fee is paid in full. No. 1 U.S.C. § 110(c).) |
| ERTIF I certified debto inted of ddress ames a | Attorney FICATION AND SIGNAT by that I am a bankruptcy peo or with a copy of this docur or Typed Name of Bankrup or Typed Name of Bankrup | tition preparer as define nent. I also certify that tcy Petition Preparer s of all other individuals | RNEY BANKRUPTCY d in 11 U.S.C. § 110, th will not accept money | In a joint case, both spouses must sive lignature of Joint Debtor (if any) PETITION (See 11 U.S.C. § 110) at I prepared this document for comporting the debto Social Security (Required by 1 d) d in preparing this document: | Date pensation, and that I have provided or before the filing fee is paid in full. No. 1 U.S.C. § 110(c).) |
| ERTIF I certif e debto rinted o ddress ames a f more f ignatur | Attorney FICATION AND SIGNAT by that I am a bankruptcy peo- for with a copy of this docur for Typed Name of Bankrup and Social Security number than one person prepared the re of Bankruptcy Petition P | tition preparer as define nent. I also certify that tcy Petition Preparer s of all other individuals his document, attach add reparer failure to comply with | RNEY BANKRUPTCY d in 11 U.S.C. § 110, th will not accept money | In a joint case, both spouses must sive a joint case, both spouses must sive spouses must sive any other property from the debte spot of any other property | Date pensation, and that I have provided or before the filing fee is paid in full. No. 1 U.S.C. § 110(c).) |

Form 3

COMMITTEE NOTE

Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document pursuant to § 110(c) of the Code.

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| United States B | Bankruptcy Court | INVOLUNTARY | | | | |
|--|--|--|--|--|--|--|
| Dis | PETITION | | | | | |
| NRE (Name of Debtor - If Individual: Last, First, Middle) |) ALL OTHER NAMES use (Include married, maiden, | d by debtor in the last 6 years and trade names.) | | | | |
| AST FOUR DIGITS OF SOC. SEC./TAX I.D. NO. (If ore than one, state all.) | | | | | | |
| REET ADDRESS OF DEBTOR (No. and street, city, star | te, and zip code) MAILING ADDRESS OF | DEBTOR (If different from street address) | | | | |
| | ×. | | | | | |
| COUNTY OF RESIDEN PRINCIPAL PLACE OF I | | | | | | |
| CATION OF PRINCIPAL ASSETS OF BUSINESS DEB | TOR (If different from previously listed add | resses) | | | | |
| HAPTER OF BANKRUPTCY CODE UNDER WHICH I | PETITION IS FILED | | | | | |
| Chapter 7 Chapter | er 11 | | | | | |
| INFORMATION | REGARDING DEBTOR (Check applica | ble boxes) | | | | |
| etitioners believe: Debts are primarily consumer debts Debts are primarily business debts | TYPE OF DEBTO Individual Partnership Corporation Other: | Partnership Commodity Broker Corporation Railroad | | | | |
| BRIEFLY DESCRIBE NATURE OF BUSINESS | | | | | | |
| VENUE | F | ILING FEE (Check one box) | | | | |
| Debtor has been domiciled or has had a residence, place of business, or principal assets in the Distric days immediately preceding the date of this petitic a longer part of such 180 days than in any other D A bankruptcy case concerning debtor's affiliate, ge | on or for Image: Petitioner is and the form | Full Filing Fee attached Petitioner is a child suport creditor or its representative, and the form specified in § 304g) of the Bankruptcy Reform Act of 1994 is attached. | | | | |
| partner or partnership is pending in this District. | PTCY CASE FILED BY OR AGAINST A | NY PARTNER | | | | |
| OR AFFILIATE OF THIS DEB | TOR (Report information for any addition | al cases on attached sheets.) | | | | |
| Name of Debtor Case N | lumber | Date | | | | |
| Telationship Distric | ct | Judge | | | | |
| ALLEGATIO (Check applicable | | COURT USE ONLY | | | | |
| Petitioner(s) are eligible to file this petition p The debtor is a person against whom an order of the United States Code. The debtor is generally not paying such debt such debts are the subject of a bona fide disposed of the United States Code. | er for relief may be entered under title 11 stor's debts as they become due, unless | | | | | |
| b. Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. | | | | | | |

| irdatu | Name of Debtor | | | | | | |
|--|--|---------------------------------------|--|--|--|--|--|
| FORM 5 Involuntary Petition | Cara Na | | | | | | |
| | | (court use only) | | | | | |
| TRANS | SFER OF CLAIM | | | | | | |
| Check this box if there has been a transfer of any claim aga the transfer and any statements that are required under Bar | unst the debtor by or to any petitioner. Attack nkruptcy Rule 1003(a). | all documents evidencing | | | | | |
| REQUI | EST FOR RELIEF | · · · · · · · · · · · · · · · · · · · | | | | | |
| Petitioner(s) request that an order for relief be entered against the this petition. | he debtor under the chapter of title 11, United | States Code, specified in | | | | | |
| this petition. | I | | | | | | |
| Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. | | | | | | | |
| жж. X | x | | | | | | |
| X Signature of Petitioner or Representative (State title) | Signature of Attorney | Date | | | | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | | | | | |
| Name & Mailing Address of Individual | Address | | | | | | |
| Signing in Representative | Telephone No. | | | | | | |
| Capacity | | | | | | | |
| | | | | | | | |
| X Signature of Petitioner or Representative (State title) | X Signature of Attorney | | | | | | |
| | | | | | | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | | | | | |
| Name & Mailing | Address | | | | | | |
| Address of Individual | Telephone No. | | | | | | |
| Capacity | | | | | | | |
| | | | | | | | |
| X Signature of Petitioner or Representative (State title) | X Signature of Attorney | Date | | | | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | | | | | |
| Name & Mailing | Address | | | | | | |
| Address of Individual | | | | | | | |
| Signing in Representative Capacity | Telephone No. | | | | | | |
| DETUTIONIN | NG CREDITORS | | | | | | |
| | Nature of Claim | Amount of Claim | | | | | |
| Name and Address of Petitioner | | | | | | | |
| | | | | | | | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | | | | | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | | | | | |
| я | | | | | | | |
| Note: If there are more than three petitioners, attach addition | | Total Amount of | | | | | |
| penalty of perjury, each petitioner's signature under the and petitioning creditor information in the format above | | Petitioners' Claims | | | | | |
| COT | tinuation sheets attached | | | | | | |
| c | | | | | | | |
| | | · | | | | | |

Form 5

COMMITTEE NOTE

The form has been amended to require the petitioner to disclose only the last four digits of the debtor's Social Security or other Taxpayer Identification number. Those four digits will provide creditors with sufficient information to identify the debtor accurately while affording greater privacy to the debtor. The form also has been amended to delete the request for information concerning the "Type of Business," as this data no longer is collected for statistical purposes. Checkboxes have been added for a petitioner to indicate whether the filing fee is attached or the petitioner is a child support creditor or representative of a child support creditor from whom no filing fee is due.

Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

| eronana i | Form B6D (DRAFT) | | | | | | | | |
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| saikasa | SCHEDUL | E] | D - CI | REDITORS HOLDIN | G | SE | Cι | JRED CLAIM | 1 S |
| | property of the debtor as of the date of statutory liens, mortgages, deeds of trus will not fit on this page, use the continu If any entity other than a spou on the appropriate schedule of creditors marital community may be liable on ea If the claim is contingent, pla "Unliquidated." If the claim is disputed columns.) Report the total of all claims I on the Summary of Schedules. Check this box if de CREDITOR'S NAME AND MAILING ADDRESS | filin st, an lation lise in , and ch cl lice an d, pla listed | g of the p d other see a sheet pro- a joint cas complete aim by pla n "X" in ti ce an "X" on this sc has no cre | curity interests. List creditors in alph ovided. se may be jointly liable on a claim, pla Schedule H - Codebtors. If a joint pe ucing an "H," "W," "J," or "C" in the he column labeled "Contingent." If in the column labeled "Disputed." (hedule in the box labeled "Total" on editors holding secured claims to repo- DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND | bes of abeti- ace an tition colur the c You i the la | secu cal or "X" is fil nn la laim nay r st sh this | red i der t in the ed, st beled is un need set of Sche | nterests such as judgme o the extent practicable. e column labeled "Code tate whether husband, w l "Husband, Wife, Joint, liquidated, place an "X" to place an "X" in more f the completed schedule dule D. AMOUNT OF | ent liens, garnishments If all secured creditor btor," include the entity ife, both of them, or th or Community." " in the column labeled than one of these thre e. Report this total also |
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| Form B6D - Cont. |
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| (DRAFT) |

In re

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Debtor

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF | UNSECURED PORTION, IF ANY |
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(Report total also on Summary of Schedules)

Debtor

Form B6E (DRAFT)

In re

Case No.___

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and last four digits of account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H,""W,""J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to 4,650 per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to 2,100 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

In re _____ Debtor

Form B6E (4/10)

(if known)

Case No.__

Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

* Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

_ continuation sheets attached

| re Debtor | | | , Case No | (. | lf kno | wn) | | |
|--|----------|--|---|-------------------------------|--|-----------|---|---------------------------------|
| SCHEDULE E - C | ĊŔE | DITC | ORS HOLDING UNS (Continuation Sheet) | | UR | EL | PRIORITY | CLAIMS |
| | | | | - | | | TYPE OF PRIORITY | K |
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECUREI PORTION, IF ANY |
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| heet no of sheets attached to S lolding Priority Claims | chedule | of Credito | rs (T (Use only on last page of the compl (Report total also on Summa | otal of eted So ry of S | Subto f this p Total chedul chedul | age) ► | \$ \$ | |

In re

Debtor

Case No.

(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

□ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WHEE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL |
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(Report also on Summary of Schedules)

| Form B6F - Cont. | |
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| In re | | Case No |
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| | Debtor | (If known) |
| and the second | SCHEDULE F - CREDITORS HOLDING | UNSECURED NONPRIORITY CLAIMS |

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(Use only on last page of the completed Schedule E.) (Report total also on Summary of Schedules)

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Debtor

(if known)

KP._!!

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| ebtor's Marital | | DEPENDENTS OF | F DEBTOR AND SPOU | JSE |
|---------------------------|------------------------------------|--------------------|---|--------|
| tatus: | RELATIONSHIP | · 勇, | • | AGE |
| mployment: occupation | DEBTOR | | SPOUS | SE |
| | | | | 4 |
| low long employed | | | 1 | |
| ddress of Employer | | | | |
| | | | | ų · |
| Income: (Estimate of av | erage monthly income) | ,* | DEBTOR | SPOUSE |
| Current monthly gross M | vages, salary, and commissions | | | 1 |
| (pro rate if not paid r | monthly) | | \$ | \$ |
| Estimated monthly over | time | | \$ | \$ |
| Estimated monutily over | | | | |
| SUBTOTAL ' | | | \$ | \$ |
| | | | <u>, ,, , , , , , , , , , , , , , , , , ,</u> | N N |
| LESS PAYROLL D | EDUCTIONS | | ¢ | |
| a. Payroll taxes and | social security | | s | \$ |
| b. Insurance | | | Ф | |
| c. Union dues | | `` | ф | \$ |
| d. Other (Specify: _ | |) | ወ | |
| SUBTOTAL OF PA | YROLL DEDUCTIONS | | \$ | \$ |
| TOTAL NET MONTHI | | | \$ | \$ |
| Regular income from or | peration of business or profession | on or farm | \$ | \$ |
| (attach detailed statemen | nt) | | | |
| Income from real proper | | | \$ | _ \$ |
| Interest and dividends | | n I | \$ | \$ |
| Alimony, maintenance | or support payments payable to | the debtor for the | | |
| debtor's use or that of d | ependents listed above. | | \$ | \$ |
| Social security or other | government assistance | | | |
| (Specify) | | | \$ | \$ |
| Pension or retirement in | ncome | | \$ | \$ |
| Other monthly income | | | \$ | \$ |
| • | | | \$ | \$ |
| (-r// | | | \$ | \$ |
| TOTAL MONTHLY IN | | | \$ | \$ |

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

| Debtor | / Case No (If known) |
|---|--|
| DECLARA | TION CONCERNING DEBTOR'S SCHEDULES |
| DECL | AATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR |
| | |
| | best of my knowledge, information, and belief. |
| Date | Debtor |
| Date | (Joint Debtor, if any) |
| | <i>(Joint Debtor, if any)</i> [If joint case, both spouses must sign.] |
| CERTIFICATION ANI | IGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) |
| I certify that I am a bankruptcy petition prep copy of this document. | er as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with |
| Printed or Typed Name of Bankruptcy Petition | Social Security No. (Required by 11 U.S.C. § 110(c).) |
| | |
| Address | |
| Names and Capiel Commits numbers of all othe | |
| , | ndividuals who prepared or assisted in preparing this document: |
| , | ndividuals who prepared or assisted in preparing this document: attach additional signed sheets conforming to the appropriate Official Form for each person. |
| , | |
| If more than one person prepared this documer X | attach additional signed sheets conforming to the appropriate Official Form for each person. |
| If more than one person prepared this documer X Signature of Bankruptcy Petition Preparer A bankruptcy petition preparer's failure to comply 18 U.S.C. § 156. | attach additional signed sheets conforming to the appropriate Official Form for each person. |
| If more than one person prepared this documer X | attach additional signed sheets conforming to the appropriate Official Form for each person. Date Date The provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP [the president or other officer or an authorized agent of the corporation or a member or an authorized agen [the president or other officer or an authorized agent of the corporation or a member or an authorized agen [corporation or partnership] named as debtor in this case, declare under penalty of perjury the second s |
| If more than one person prepared this documer X Signature of Bankruptcy Petition Preparer A bankruptcy petition preparer's failure to comply 18 U.S.C. § 156. DECLARATION UNDI I, the | attach additional signed sheets conforming to the appropriate Official Form for each person |
| If more than one person prepared this documer X | attach additional signed sheets conforming to the appropriate Official Form for each person. Date Date The provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. PERPENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP [the president or other officer or an authorized agent of the corporation or a member or an authorized agen [corporation or partnership] named as debtor in this case, declare under penalty of perjury thes, consisting of |
| If more than one person prepared this documer X Signature of Bankruptcy Petition Preparer A bankruptcy petition preparer's failure to comply 18 U.S.C. § 156. DECLARATION UNDI I, the | attach additional signed sheets conforming to the appropriate Official Form for each person |
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| If more than one person prepared this documer X | attach additional signed sheets conforming to the appropriate Official Form for each person. Date Date The provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. PERMALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP [[the president or other officer or an authorized agent of the corporation or a member or an authorized agent [corporation or partnership] named as debtor in this case, declare under penalty of perjury these, consisting of |

Form 6

COMMITTEE NOTE

Schedule B (Personal Property), Schedule D (Creditors Holding Secured Claims), Schedule E (Creditors Holding Unsecured Priority Claims), and Schedule F (Creditors Holding Unsecured Nonpriority Claims) have been amended to require disclosure of only the last four digits of the debtor's account number with each listed creditor. The amendments should provide creditors with sufficient information to identify the debtor accurately while affording greater privacy to the debtor. Schedule I (Current Income of Individual Debtor(s)) has been amended to provide greater privacy to minors and other dependents of the debtor by deleting the requirement that the debtor disclose their names. Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition prepare continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

Form 7 (DRAFT)

FORM 7. STATEMENT OF FINANCIAL AFFAIRS

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re:

None

Debtor

(Name)

Case No. ________(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE (if more than one)

11. Closed financial accounts

None

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE AMOUNT AND DATE OF SALE OR CLOSING 5

12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME, AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

14. Property held for another person



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

None

None

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

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 proprietorship, 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.

If the debtor is a corporation, 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.

LAST FOUR DIGITS OF TAXPAYER NAME I.D. NUMBER ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

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

NAME

None

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

24. Tax Consolidation Group.

None

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.

NAME OF PARENT CORPORATION LAST FOUR DIGITS OF TAXPAYER IDENTIFICATION NUMBER

25. Pension Funds.

None

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.

NAME OF PENSION FUND

LAST FOUR DIGITS OF TAXPAYER IDENTIFICATION NUMBER

[If completed by an individual or individual and spouse]

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etusaisione Atusoosea

entranspata Biologick-203

Parata and a

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | Signature |
|---|---|
| | of Debtor |
| Date | Signature |
| | of Joint Debtor (if any) |
| | (II ally) |
| | |
| | |
| [If completed on behalf of a partnership o | corporation] |
| I, declare under penalty of perjury that I h | ve read the answers contained in the foregoing statement of financial affairs and any attachments thereto |
| | t of my knowledge, information and belief. |
| | |
| Date | Signature |
| | |
| ``. | Print Name and Title |
| | |
| [An individual signing on behalf of a part | ership or corporation must indicate position or relationship to debtor.] |
| | , |
| | |
| | |
| | continuation sheets attached |
| Penalty for making a false stateme | tt: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571 |
| | |
| CERTIFICATION AND SIGNATU | RE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) |
| I certify that I am a bankruptcy petition prep. | rer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have |
| provided the debtor with a copy of this docume | ıt. |
| | |
| Printed or Typed Name of Bankruptcy Petition | |
| | (Required by 11 U.S.C. § 110(c).) |
| | |
| A 33 | · |
| Address | |
| Names and Social Security numbers of all othe | individuals who prepared or assisted in preparing this document: |
| If more than one person prepared this documen | , attach additional signed sheets conforming to the appropriate Official Form for each person. |
| IT more than one person prepared and document | |
| X | |
| Signature of Bankruptcy Petition Preparer | Date |
| | |
| | |
| | |
| A bankruptcy petition preparer's failure to | omply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result |
| | comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result § 156. |
| A bankruptcy petition preparer's failure to in fines or imprisonment or both. 18 U.S.C | |

Form 7

COMMITTEE NOTE

The form has been amended to require the debtor to disclose only the last four digits of the debtor's Social Security or other Taxpayer Identification number. Those four digits will provide creditors with sufficient information to identify the debtor accurately while affording greater privacy to the debtor. In addition, those items that require the listing of any account number have been amended to specify that only the last four digits must be disclosed.

Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

| Official Form 8 (DRAFT) | United States | | otcy Coui | |
|--|-------------------------------------|-------------------------|---------------------------------------|------------------------------------|
| In ro | | | | |
| In re Debtor | , | | Case No | |
| | | | Chapter 7 | |
| CHAPTI | ER 7 INDIVIDUAL DEE | BTOR'S STAT | EMENT OF IN | TENTION |
| 1. I have filed a schedule of asset | ts and liabilities which includes c | onsumer debts secu | red by property of the | e estate. |
| 2. I intend to do the following wi | | | | |
| a. Property to Be Surrenda | | , | | |
| Description of Property | | | | Creditor's name |
| | | | | |
| | | | | |
| b. Property to Be Retained | d | [Check ar | ıy applicable stateme | ent.] |
| | 1 | 1 | I. | |
| Description | | Property | Property will be redeemed | Debt will be reaffirmed |
| of Property | Creditor's Name | is claimed as exempt | pursuant to 11 U.S.C. § 722 | pursuant to 11 U.S.C. § 524(c) |
| | | | | |
| | , | | | |
| | l | ł | I | l |
| Date: | | Signat | ure of Debtor | |
| CERTIFICATIO | N OF NON-ATTORNEY BAN | | | |
| I certify that I am a bankruptcy peti provided the debtor with a copy of th | ition preparer as defined in 11 U. | | | |
| Printed or Typed Name of Bankrupto | cy Petition Preparer | | Security No. ired by 11 U.S.C. § 1 | [10(c).) |
| | | | | |
| Address | | | | |
| Names and Social Security Numbers | of all other individuals who pre- | nated or assisted in a | renaring this docum | ent |
| If more than one person prepared this | | - | | |
| | s document, attach additional sig | neu sneets comorni | ing to the appropriate | e Official Form for each person. |
| X Signature of Bankruptcy Petition Pro- | | | Data | |
| A bankruptcy petition preparer's fail or imprisonment or both. 11 U.S.C. | lure to comply with the provision | s of title 11 and the | Date Federal Rules of Ba | nkruptcy Procedure may result in j |
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Form 8

COMMITTEE NOTE

Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

| Figure 1 | FORM B9A (Chapter 7 Individual or Joint Debtor No Asset Case (DRAFT)) | | | | | | |
|---|---|---|--|--|--|--|--|
| | UNITED STATES BANKRUPTCY COURT District of | | | | | | |
| Provincial Constitution | Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines | | | | | | |
| nerijanskom | [A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on | | | | | | |
| National State | You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice. | | | | | | |
| ikatowegi za | See Reverse Side For | Important Explanations. | | | | | |
| imetersta | Debtor(s) (name(s) and address): | Case Number: | | | | | |
| estantun Mitterpont | | Last four digits of Social Security/Taxpayer ID Nos.: | | | | | |
| give distance | Attorney for Debtor(s) (name and address): | Bankruptcy Trustee (name and address): | | | | | |
| inis sectori | Telephone number: | Telephone number: | | | | | |
| in production of | Meeting of Creditors: | | | | | | |
| iete.execut | Date: / / Time: ()A.M. Location: ()P.M. | | | | | | |
| Nerez zazad | Dea | dlines: | | | | | |
| tracana, | Papers must be <i>received</i> by the bankruptcy clerk's office by the following deadlines: | | | | | | |
| gentang ' | Deadline to File a Complaint Objecting to Discharge of t | he Debtor or to Determine Dischargeability of Certain Debts: | | | | | |
| kaqostasii j | | ject to Exemptions: <i>clusion</i> of the meeting of creditors. | | | | | |
| 258168cm; ' | | | | | | | |
| 5004000 | Creditors May Not Take Certain Actions The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. | | | | | | |
| nienacijaanal Nienacijaanal | Please Do Not File A Proof of Claim Unless You Receive a Notice To Do So. | | | | | | |
| , tecorectal | Address of the Bankruptcy Clerk's Office: | For the Court: | | | | | |
| nautan | · | Clerk of the Bankruptcy Court: | | | | | |
| annan a | Telephone number: | | | | | | |
| in an | Hours Open: | Date: | | | | | |
| Witnesid | | | | | | | |

FORM B9B (Chapter 7 Corporation/Partnership No Asset Case) (DRAFT)

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| UNITED STATES BANKRUPTCY COUR | T District of |
|--|--|
| | tice of |
| | leeting of Creditors, & Deadlines |
| [A chapter 7 bankruptcy case concerning the debtor(s) list or [A bankruptcy case concerning the debtor(s) listed b (date) and was converted to a | elow was originally filed under chapter on |
| You may be a creditor of the debtor. You may want to consu All documents filed in the case may be inspected at the bank NOTE: The staff of the bankruptcy clerk's office cannot give | ruptcy clerk's office at the address listed below. |
| See Reverse Side For | r Important Explanations. |
| Debtor (name(s) and address): | Case Number: |
| · · · · · · · · · · · · · · · · · · · | Last four digits of Taxpayer ID Nos.: |
| Attorney for Debtor (name and address): | Bankruptcy Trustee (name and address): |
| | |
| Telephone number: | Telephone number: |
| Meeting | of Creditors: |
| Date: / / Time: () A.M. () P.M. | Location: |
| Creditors May Not | Take Certain Actions: |
| The filing of the bankruptcy case automatically stays certain col If you attempt to collect a debt or take other action in violation of | lection and other actions against the debtor and the debtor's property. of the Bankruptcy Code, you may be penalized. |
| Please Do Not File A Proof of Clain | n Unless You Receive a Notice To Do So. |
| Address of the Bankruptcy Clerk's Office: | For the Court: |
| | Clerk of the Bankruptcy Court: |
| | |
| | |
| Telephone number: | Data |
| Hours Open: | Date: |

| FORM B9C (Chapter 7 Individual or Joint Debtor Asset Case) (DRAFT | ſ) | | | | |
|--|---|--|--|--|--|
| UNITED STATES BANKRUPTCY COUR | T District of | | | | |
| Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines | | | | | |
| [A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on | | | | | |
| | cted at the bankruptcy clerk's office at the address listed below. | | | | |
| See Reverse Side Fo | r Important Explanations. | | | | |
| Debtor(s) (name(s) and address): | Case Number: | | | | |
| | Last four digits of Social Security/Taxpayer ID Nos.: | | | | |
| Attorney for Debtor(s) (name and address): | Bankruptcy Trustee (name and address): | | | | |
| | | | | | |
| Telephone number: | Telephone number: | | | | |
| Meeting | of Creditors: | | | | |
| Date: / / Time: () A.M. () P.M. | Location: | | | | |
| Dea | adlines: | | | | |
| Papers must be <i>received</i> by the bankrup | otcy clerk's office by the following deadlines: le a Proof of Claim: | | | | |
| For all creditors (except a governmental unit): | For a governmental unit: | | | | |
| Deadline to File a Complaint Objecting to Discharge of t | the Debtor or to Determine Dischargeability of Certain Debts: | | | | |
| Deadline to Object to Exemptions: Thirty (30) days after the <i>conclusion</i> of the meeting of creditors. | | | | | |
| Creditors May Not Take Certain Actions: | | | | | |
| The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. | | | | | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | | | | |
| | Clerk of the Bankruptcy Court: | | | | |
| Telephone number: | | | | | |
| Hours Open: | Date: | | | | |

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| ORM B9D (Chapter 7 Corporation/Partnership Asset Case) (DRAFT) | | | | | |
|--|--|--|--|--|--|
| UNITED STATES BANKRUPTCY COUL | RT District of | | | | |
| | tice of Aeeting of Creditors, & Deadlines | | | | |
| [A chapter 7 bankruptcy case concerning the debtor [corporation] or [partnership] listed below was filed on(date).] [A bankruptcy case concerning the debtor [corporation] or [partnership] listed below was originally filed under chapter (date) and was converted to a case under chapter 7 on] You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice. | | | | | |
| See Reverse Side Fo | or Important Explanations. | | | | |
| Debtor (name(s) and address): | Case Number: | | | | |
| • | Last four digits of Taxpayer ID Nos.: | | | | |
| Attorney for Debtor (name and address): | Bankruptcy Trustee (name and address): | | | | |
| Telephone number: | Telephone number: | | | | |
| Meeting | of Creditors: | | | | |
| Date: / / Time: () A.M. () P.M. | Location: | | | | |
| Deadline to Fi | e a Proof of Claim | | | | |
| Proof of Claim must be <i>received</i> by the bankruptcy clerk's office by the following deadline: | | | | | |
| For all creditors (except a governmental unit): | For a governmental unit: | | | | |
| | Take Certain Actions: | | | | |
| The filing of the bankruptcy case automatically stays certain col If you attempt to collect a debt or take other action in violation o | lection and other actions against the debtor and the debtor's property. of the Bankruptcy Code, you may be penalized. | | | | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | | | | |
| | Clerk of the Bankruptcy Court: | | | | |
| | | | | | |
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| Telephone number: | | | | | |
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FORM B9E (Chapter 11 Individual or Joint Debtor Case) (DRAFT)

THERE AND A PORTAL PORTAL PORTAL ASTRONOMY

| UNITED STATES BANKRUPTCY COURT District of | | | | | | |
|---|---|--|--|--|--|--|
| Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines | | | | | | |
| [A chapter 11 bankruptcy case concerning the debtor(s) listed below was filed on (date).] or [A bankruptcy case concerning the debtor(s) listed below was originally filed under chapter on | | | | | | |
| You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice. | | | | | | |
| See Reverse Side Fo | r Important Explanations. | | | | | |
| Debtor(s) (name(s) and address): | Case Number: | | | | | |
| | Last four digits of Social Security/Taxpayer ID Nos.: | | | | | |
| Attorney for Debtor(s) (name and address): | Telephone number: | | | | | |
| | | | | | | |
| Meeting | of Creditors: | | | | | |
| Date: / / Time: () A.M. Location: () P.M. | | | | | | |
| Dea | Deadlines: | | | | | |
| | Papers must be <i>received</i> by the bankruptcy clerk's office by the following deadlines: | | | | | |
| | Deadline to File a Proof of Claim: Notice of deadline will be sent at a later time. | | | | | |
| | Deadline to File a Complaint to Determine Dischargeability of Certain Debts: | | | | | |
| Deadline to File a Complaint O | bjecting to Discharge of the Debtor: | | | | | |
| | First date set for hearing on confirmation of plan. | | | | | |
| Notice of that date will be sent at a later time. Deadline to Object to Exemptions: | | | | | | |
| Thirty (30) days after the <i>conclusion</i> of the meeting of creditors. | | | | | | |
| Creditors May Not Take Certain Actions: | | | | | | |
| The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. | | | | | | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | | | | | |
| | Clerk of the Bankruptcy Court: | | | | | |
| Telephone number: | Telephone number: | | | | | |
| Hours Open: | Date: | | | | | |

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| UNITED STATES BANKRUPTCY COU | URT District of | |
|--|--|--|
| Ν | otice of , Meeting of Creditors, & Deadlines | |
| [A chapter 11 bankruptcy case concerning the debtor(s) listed below was filed on(date).] (date) and was converted to a case under chapter 11 on] | | |
| You may be a creditor of the debtor. This notice lists imp your rights. All documents filed in the case may be in NOTE: The staff of the bankruptcy clerk's office cannot | portant deadlines. You may want to consult an attorney to protect spected at the bankruptcy clerk's office at the address listed below. give legal advice. | |
| See Reverse Side | For Important Explanations. | |
| Debtor(s) (name(s) and address): | Case Number: | |
| • | Last four digits of Social Security/Taxpayer ID Nos.: | |
| Attorney for Debtor(s) (name and address): | Telephone number: | |
| Date: / / Time: () A.M. () P.M. | g of Creditors: Location: | |
| D | eadlines: | |
| Papers must be received by the bank | cruptcy clerk's office by the following deadlines: • File a Proof of Claim: For a governmental unit: | |
| | Determine Dischargeability of Certain Debts: | |
| Deadline to File a Complaint Objecting to Discharge of the Debtor: First date set for hearing on confirmation of plan. Notice of that date will be sent at a later time. | | |
| | Object to Exemptions: conclusion of the meeting of creditors. | |
| Creditors May N | ot Take Certain Actions: | |
| The filing of the bankruptcy case automatically stays certain of figure for the start of the sta | collection and other actions against the debtor and the debtor's property n of the Bankruptcy Code, you may be penalized. | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | |
| | Clerk of the Bankruptcy Court: | |
| Telephone number: | · | |
| Hours Open: | Date: | |

| nanan I | FORM B9F (Chapter 11 Corporation/Partnership Asset Case) (DRAFT) | | | |
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| Balakalijumud Balakalijumud | UNITED STATES BANKRUPTCY COURT District of | | | |
| dicenticani graditatica | Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines | | | |
| ations in the second se | [A chapter 11 bankruptcy case concerning the debtor [corporation] <i>or</i> [partnership] listed below was filed on (date).] <i>or</i> [A bankruptcy case concerning the debtor [corporation] <i>or</i> [partnership] listed below was originally filed under chapter on (date) and was converted to a case under chapter 11 on] You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect | | | |
| ateriatical (| your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice. | | | |
| | See Reverse Side For Important Explanations. | | | |
| hannan i | Debtor (name(s) and address): | Case Number: | | |
| | | Last four digits of Taxpayer ID Nos.: | | |
| Nama | Attorney for Debtor (name and address): | Telephone number: | | |
| ficeration i | | | | |
| | Meeting of Creditors: | | | |
| | Date: / / Time: () A.M. () P.M. | Location: | | |
| | Deadline to File a Proof of Claim | | | |
| ensections | Proof of Claim must be <i>received</i> by the bankruptcy clerk's office by the following deadline: Notice of deadline will be sent at a later time. | | | |
| , Hermonia | Creditors May Not Take Certain Actions: | | | |
| | The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. | | | |
| sing) and an | Address of the Bankruptcy Clerk's Office: | For the Court: | | |
| Seconda da | | Clerk of the Bankruptcy Court: | | |
| gerkourie Scherzourie | Telephone number: | | | |
| nterstandige Netropologica | Hours Open: | Date: | | |
| posterio , fication | | | | |
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FORM B9F (ALT.) (Chapter 11 Corporation/Partnership Case) (DRAFT)

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| FORM B9F (ALT.) (Chapter 11 Corporation/Partnership Case) (D | RAFT) |
|---|--|
| UNITED STATES BANKRUPTCY CO | URT District of |
| | Notice of e, Meeting of Creditors, & Deadlines |
| was originally filed under chapter on chapter 11 on] You may be a creditor of the debtor. This notice lists in | ase concerning the debtor [corporation] or [partnership] listed below (date) and was converted to a case under nportant deadlines. You may want to consult an attorney to protect nspected at the bankruptcy clerk's office at the address listed below. |
| See Reverse Side | For Important Explanations. |
| Debtor (name(s) and address): | Case Number: |
| | Last four digits of Taxpayer ID Nos.: |
| Attorney for Debtor (name and address): | Telephone number: |
| Date: / / Time: () A.M. () P.M. | Ig of Creditors: |
| | File a Proof of Claim |
| | e bankruptcy clerk's office by the following deadline: |
| For all creditors (except a governmental unit): | For a governmental unit: |
| | |
| Creditors May N | ot Take Certain Actions: |
| The filing of the bankruptcy case automatically stays certain If you attempt to collect a debt or take other action in violation | collection and other actions against the debtor and the debtor's property. on of the Bankruptcy Code, you may be penalized. |
| Address of the Bankruptcy Clerk's Office: | For the Court: |
| | Clerk of the Bankruptcy Court: |
| Telephone number: | |
| Hours Open: | Date: |
| | |

| FORM B9G (Chapter 12 Individual or Joint Debtor Family Farmer) (DRAFT) | | | |
|---|--|--|--|
| UNITED STATES BANKRUPTCY COU | UNITED STATES BANKRUPTCY COURT District of | | |
| | Notice of Chapter 12 Bankruptcy Case, Meeting of Creditors, & Deadlines | | |
| Image: The debtor(s) listed below filed a chapter 12 bankruptcy case on | | | |
| NOTE: The staff of the bankruptcy clerk's office cannot gi | or Important Explanations. | | |
| Debtor(s) (name(s) and address): | Case Number: | | |
| | Last four digits of Social Security/Taxpayer ID Nos.: | | |
| Attorney for Debtor(s) (name and address): | Bankruptcy Trustee (name and address): | | |
| Telephone number: | Telephone number: | | |
| Meeting | of Creditors: | | |
| Date: / Time: () A.M. () P.M. () P.M. | Date: / / Time: () A.M. Location: | | |
| De | adlines: | | |
| | ptcy clerk's office by the following deadlines: | | |
| For all creditors (except a governmental unit): | For a governmental unit: | | |
| Deadline to File a Complaint to De | termine Dischargeability of Certain Debts: | | |
| | bject to Exemptions: nclusion of the meeting of creditors. | | |
| Filing of Plan, Hearing on Confirmation of Plan | | | |
| [The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held: Date: | | | |
| Creditors May Not Take Certain Actions: | | | |
| The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, the debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. | | | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | | |
| | Clerk of the Bankruptcy Court: | | |
| Telephone number: | | | |
| Hours Open: | Date: | | |

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| ORM B9H (Chapter 12 Corporation/Partnership Family Farmer) (DR | :AFT) | | |
|--|---|--|--|
| UNITED STATES BANKRUPTCY COURT District of | | | |
| Notice of Chapter 12 Bankruptcy Case, Meeting of Creditors, & Deadlines | | | |
| [The debtor [corporation] or [partnership] listed below filed a chapter 12 bankruptcy case on(date).] or [A bankruptcy case concerning the debtor [corporation] or [partnership] listed below was originally filed under chapter on(date) and was converted to a case under chapter 12 on] | | | |
| | ortant deadlines. You may want to consult an attorney to protect bected at the bankruptcy clerk's office at the address listed below. ve legal advice. | | |
| See Reverse Side For Important Explanations. | | | |
| Debtor (name(s) and address): | Case Number: | | |
| | Last four digits of Social Security/Taxpayer ID Nos.: | | |
| Attorney for Debtor (name and address): | Bankruptcy Trustee (name and address): | | |
| Telephone number: | Telephone number: | | |
| Meeting of Creditors: | | | |
| Date: / / Time: () A.M. Location: () P.M. | | | |
| Deadlines: | | | |
| | uptcy clerk's office by the following deadlines: File a Proof of Claim: | | |
| For all creditors (except a governmental unit): | For a governmental unit: | | |
| Deadline to File a Complaint to Determine Dischargeability of Certain Debts: | | | |
| Filing of Plan, Hear | ing on Confirmation of Plan | | |
| [The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held: Date: Location:] | | | |
| or [The debtor has filed a plan. The plan or a summary of the plan and notice of confirmation hearing will be sent separately.] or [The debtor has not filed a plan as of this date. You will be sent separate notice of the hearing on confirmation of the plan.] | | | |
| Creditors May Not Take Certain Actions: | | | |
| The filing of the bankruptcy case automatically stays certain concertain codebtors. If you attempt to collect a debt or take other a | llection and other actions against the debtor, the debtor's property, and action in violation of the Bankruptcy Code, you may be penalized. | | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | | |
| | Clerk of the Bankruptcy Court: | | |
| Telephone number: | | | |
| | Hours Open: Date: | | |

| FORM B9I (Chapter 13 Case) (DRAFT) | | |
|--|--|--|
| UNITED STATES BANKRUPTCY COURT District of | | |
| | tice of Meeting of Creditors, & Deadlines | |
| Image: Second state [The debtor(s) listed below filed a chapter 13 bankruptcy case on | | |
| NOTE: The staff of the bankruptcy clerk's office cannot gi | · · · · · · · · · · · · · · · · · · · | |
| 460 0 | or Important Explanations. | |
| Debtor(s) (name(s) and address): | Case Number: | |
| aana | Last four digits of Social Security/Taxpayer ID Nos.: | |
| Attorney for Debtor(s) (name and address): | Bankruptcy Trustee (name and address): | |
| Telephone number: | Telephone number: | |
| | of Creditors: | |
| Date: / / Time: () A.M. () P.M. | Location: | |
| Dea | adlines: | |
| | ptcy clerk's office by the following deadlines: ile a Proof of Claim: | |
| For all creditors (except a governmental unit): | For a governmental unit: | |
| | bject to Exemptions: | |
| | nclusion of the meeting of creditors. | |
| [The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held: Date: Time: Location: | | |
| or [The debtor has filed a plan. The plan or a summary of the plan and notice of confirmation hearing will be sent separately.]or [The debtor has not filed a plan as of this date. You will be sent separate notice of the hearing on confirmation of the plan.] | | |
| Creditors May Not Take Certain Actions: | | |
| The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. | | |
| Address of the Bankruptcy Clerk's Office: | For the Court: | |
| | Clerk of the Bankruptcy Court: | |
| Telephone number: | | |
| Hours Open: | Date: | |

Form 9

COMMITTEE NOTE

The form has been amended to require disclosure of only the last four digits of the debtor's Social Security or other Taxpayer Identification number. Those four digits will provide creditors with sufficient information to identify the debtor accurately while affording greater privacy to the debtor.

| , Incentional | FORM B10 (Official Form 10) (DRAFT) | | |
|--|--|---|--|
| langkana | UNITED STATES BANKRUPTCY COURT] | DISTRICT OF | PROOF OF CLAIM |
| ann chuns | Name of Debtor | Case Number | |
| heliotectur | | | |
| 126522 | NOTE: This form should not be used to make a claim for an administrative of the case. A "request" for payment of an administrative expense may be fi | led pursuant to 11 U.S.C. § 503. | |
| ľ | Name of Creditor (The person or other entity to whom the debtor owes | Check box if you are aware that anyone else has filed a proof of | |
| And South | money or property): | claim relating to your claim. Attach | |
| GALLONG AN | , | copy of statement giving particulars. | |
| tereintit | Name and address where notices should be sent: | Check box if you have never received any notices from the | |
| | | bankruptcy court in this case. | |
| +++++++++4 | | Check box if the address differs from the address on the envelope | |
| une constant | Telephone number: | sent to you by the court. | |
| 10042(384) | Account or other number by which creditor identifies debtor: | Check here replaces | THIS SPACE IS FOR COURT USE ONLY |
| Allan sourced | Account or other number by which creation identifies debior: | if this claim a previously | filed claim, dated: |
| | | □ amends | |
| andotota | 1. Basis for Claim | | S C S 1114(c) |
| hestacut | Services performed | Retiree benefits as defined in 11 U. Wages, salaries, and compensation | |
| estatuta a | Money loaned Personal injury/wrongful death | Last four digits of SS #: Unpaid compensation for services | |
| | \Box · Taxes | from to | performed |
| | □ Other | (date) | (date) |
| | 2. Date debt was incurred: | 3. If court judgment, date obtained | • |
| i Ierenceae | | | |
| neadaran (| 4. Total Amount of Claim at Time Case Filed: \$ |) (secured) (prior | ity) (Total) |
| Enterinal | If all or part of your claim is secured or entitled to priority, also com | plete Item 5 or 7 below. | |
| 529233 1 | Check this box if claim includes interest or other charges in addition interest or additional charges. | to the principal amount of the claim. Aua | ch itemized statement of all |
| | 5. Secured Claim. | 7. Unsecured Priority Claim. | |
| extrated | Check this box if your claim is secured by collateral (including a right of setoff). | Check this box if you have an unse Amount entitled to priority \$ | cured priority claim |
| warendani | Brief Description of Collateral: | Specify the priority of the claim: | |
| anymul | Real Estate Motor Vehicle Other | Wages, salaries, or commission days before filing of the bankro | as (up to \$4,650),* earned within 90 uptcy petition or cessation of the |
| ting picture - | Other | debtor's business, whichever is | earlier - 11 U.S.C. § 507(a)(3). |
| - | Value of Collateral: \$ | Up to \$2,100* of deposits towa | penefit plan - 11 U.S.C. § 507(a)(4). ard purchase, lease, or rental of |
| baterated , | Amount of arrearage and other charges at time case filed included in | property or services for persona § 507(a)(6). | al, family, or household use - 11 U.S.C. |
| ontescej | secured claim, if any: \$ | | port owed to a spouse, former spouse, |
| uncal | 6. Unsecured Nonpriority Claim \$ | Taxes or penalties owed to gov | |
| | Check this box if: a) there is no collateral or lien securing your | 507(a)(8). □ Other - Specify applicable para | agraph of 11 U.S.C. § 507(a)() |
| nderandari | claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. | *Amounts are subject to adjustment on | 4/1/04 and every 3 years thereafter with |
| enunus. | | respect to cases commenced on or a | ajier ine aate oj adjustment. |
| izacup. | 7. Credits: The amount of all payments on this claim has been cre | dited and deducted for the purpose of | This Space is for Court Use Only |
| making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase | | | |
| | orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security | | |
| increased a | agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are | | |
| epennet | not available, explain. If the documents are voluminous, attach a summa 9. Date-Stamped Copy: To receive an acknowledgment of the | | |
| ianasaj | 9. Date-Stamped Copy: To receive an acknowledgment of the self-addressed envelope and copy of this proof of claim. | filing of your claim, enclose a stamped, | • |
| arseast . | Date Sign and print the name and title, if any, of the cred | ditor or other person authorized to file | |
| | this claim (attach copy of power of attorney, if an | | × |
| NÜZINA | Penalty for presenting fraudulent claim: Fine of up to \$500,000 or impris | | |
| | | | |

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Total Amount of Claim at Time Case Filed:

Fill in the applicable amounts, including the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

6. Unsecured Nonpriority Claim:

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount **not** entitled to priority.

7. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

8. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

9. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Form 10

COMMITTEE NOTE

The form has been amended to require a wage, salary, or other compensation creditor to disclose only the last four digits of the creditor's Social Security number to afford greater privacy to the creditor. A trustee can request the full information necessary for tax withholding and reporting at the time the trustee makes a distribution to creditors.

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Provide the

Official Form 16A (DRAFT)

Form 16A. CAPTION (FULL)

United States Bankruptcy Court

District Of _____

| In re | | ,) | | |
|---------------------------------------|------------------|-------------------|---------|----|
| Set forth here all names includi | - |) | | |
| maiden, and trade names used | by debtor withir | <i>ı</i>) | | |
| last 6 years.] | |) | | |
| | Debtor |) | Case No | |
| | |) | | |
| | |) | | |
| Address | |) | | |
| | |) | | |
| | |) | Chapter | au |
| | | (| | |
| Last four digits of Social Security N | | $_$ and of all) | | |
| Employer's Tax Identification No(s) | . [1f any]: |) | | |
| | |) | | |

[Designation of Character of Paper]

Form 16A

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COMMITTEE NOTE

The form has been amended to require disclosure of only the last four digits of the debtor's Social Security or other Taxpayer Identification number. Those four digits will provide creditors with sufficient information to identify the debtor accurately while affording greater privacy to the debtor.

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Official Form 16C (DRAFT)

FORM 16C. CAPTION OF COMPLAINT IN ADVERSARY PROCEEDING **FILED BY A DEBTOR**

United States Bankruptcy Court District Of _____

| In re | _, |) |
|---|----------|----------------------|
| Debtor | |) Case No |
| | |) |
| Address | <u> </u> |) Chapter |
| | |) |
| | |) ~ |
| | or |) |
| Employer's Tax Identification No(s).* [if any]: | |) |
| | |) |
| | |) |
| Plaintiff | , |) |
| r tunnijj | |) |
| v . | |) |
| | |)) Adv. Proc. No |
| Defendant | > |) |

* (Required by 11 U.S.C. § 342(c).)

COMPLAINT

Form 16C

COMMITTEE NOTE

Section 342(c) of the Code requires a debtor to provide the debtor's Social Security number on any notice furnished to the creditors by the debtor. A complaint, which combined with a summons and served on a defendant, functions as a notice of the commencement of an adversary proceeding. The form is amended to advise the debtor of the statutory basis for requiring disclosure of the Social Security number.

Form B19 (DRAFT)

Form 19. CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

[Caption as in Form 16B.]

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

Х

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Pr result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

COMMITTEE NOTE

Pursuant to § 110(c) of the Bankruptcy Code, the certification by a non-attorney bankruptcy petition preparer continues to require a petition preparer to provide the full Social Security number of the individual who actually prepares the document.

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