



BUSINESS BANKRUPTCY INSTRUCTIONS

Our job is to help you get the protection and relief you deserve under the Federal Bankruptcy laws. Your job is to provide us with information that is both complete and truthful.

We will use the information you provide to prepare the Official Court forms necessary to get your case filed. Failure to provide information which is as complete and accurate as possible will delay the filing of your case and may constitute a Federal crime.

HOW TO FILL OUT THE QUESTIONNAIRE:

- [] Please fill out this questionnaire as best you can. If you want, we can provide this service by going through the questionnaire with you, but there would be an extra charge of \$125.00 per hour for this level of service.
- [] Please use a pen. Do not use a pencil.
- [] If you need extra space for an answer, please use the back of the page or add additional paper.
- [] Please write neatly so we can read your answers.
- [] Please answer each and every question and fill in each blank.
- [] If your answer is "No" or "None" write "No" or "None" in the blank.
- [] If an item does not apply to you simply write "not applicable" or "N/A" in the space provided.
- [] If you do not know exact dates or exact amounts, put in the best answer you can.
- [] If you are not sure how to answer a question, answer it as best you can. If you simply do not understand a question, write "don't understand" or "???" in the blank.
- [] Make a list of any questions you have about the information requested in this Questionnaire. When you come back into our office, we will try to answer your questions

BUSINESS BANKRUPTCY QUESTIONNAIRE

NAME OF BUSINESS: _____

DBA: _____

YEAR INCORPORATED: _____

OFFICERS:

PRESIDENT _____

VICE PRES. _____

SECRETARY _____

TREAS. _____

Or

MANAGER(S) _____

MEMBER(S) _____

MAILING ADDRESS: _____

COUNTY _____

PHONE NUMBERS: _____

EMAIL: _____

FEDERAL ID NUMBER _____

TYPE OF BUSINESS _____

ASSETS

A. REAL PROPERTY:

DESCRIPTION (EITHER LEGAL OR ADDRESS):

Is this property mortgaged? Yes____ No____

If Yes, then list the name and address of the mortgage holder and the amount of the mortgage:

NAME	ADDRESS	AMOUNT
_____	_____	_____
_____	_____	_____

What do you believe the real property listed above is worth?

What is the basis of your answer?

(If you have more than one piece of real property list the other pieces on the back or on a separate sheet of paper and make sure that you give ALL of the requested information for each piece.)

B. PERSONAL PROPERTY: (This is property that the business owns; not property that is leased.)

List each item of personal property and indicate its value to the right. Include all large items of equipment, furniture, appliances, vehicles, etc.:

ITEM	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(You may attach additional pages; you may attach the depreciation schedules from your tax returns; you may lump very small items together; i.e., inventory, office supplies, etc.)

Does any creditor have a security interest in any of the personal property that you listed above?

Yes_____ No_____ If Yes, then give the name and address of each creditor and the amount they are owed plus the personal property they have a security interest in:

NAME	ADDRESS	AMOUNT
_____	_____	_____

Do any individual owners or employees of the Debtor company have any of their personal property located in Debtor's facility?

Yes _____ No _____. Identify the property and where it is located.

ITEM	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____

List all of the corporate bank accounts, including name of bank, account number and amount of money in each account:

BANK	ACCOUNT #	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the business have any security deposits with utilities or with a landlord?

Yes _____ No _____. If the answer is Yes, please list the name and address of the party holding the deposit and the amount of the deposit:

NAME	ADDRESS	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the value of your Accounts Receivable \$ _____
(Attach a copy of the Accounts Receivable Aging Report.)

Please list any other asset(s) owned by the business that you have not already listed:

ASSET	TYPE OF PROPERTY	VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEBTS

TAX CLAIMS:

County Tax Authority:

Name	Address	Amount Owed
_____	_____	_____

Texas State Comptroller:

Name	Address	Amount Owed
_____	_____	_____

Internal Revenue Service:

Name	Address	Amount Owed
_____	_____	_____

School District:

Name	Address	Amount Owed
_____	_____	_____

WAGE CLAIMS:

List all parties that the business owes wages or commissions to:

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address: _____

(If you need to list more individuals please attach extra sheets.)

LEASE AGREEMENTS:

List all lease agreements that the business is a party to, including the name and address of the other party to the lease and the property that is the subject of the lease:

Property Leased	Name of Lessor	Address of Lessor
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL AFFAIRS OF THE BUSINESS

Are any other entities or individuals liable on any of the debts of the business?

Yes ____ No ____ . If the answer is Yes, then list the entity or individual and the debt or debts for which they are liable:

Name _____

Address _____

Debt(s) liable for:

Name _____

Address _____

Debt(s) liable for:

What is the fiscal year of the business? _____

What has been the gross income of the business during this fiscal year to date?

What was the gross income of the business during its last complete fiscal year?

What was the gross income of the business during its next to the last complete fiscal year?

Did the business have any income during the past **two years** other than from the operation of its business? Yes _____ No _____

If the answer is Yes, then please indicate how much, what year and from what source:

Amount _____

Year _____

Source _____

Amount _____

Year _____

Source _____

List all payments made to any single creditor within the past 90 days that total at least \$600.00. For instance, you add up all payments made to each creditor during the past three months and if any of them add up to more than \$600.00 then you list that creditor here:

Name _____

Address _____

Date of Payment _____ Amount _____

Name _____

Address _____

Date of Payment _____ Amount _____

Name _____

Address _____

Date of Payment _____ Amount _____

Law Suits: List all law suits that the business is a party to, including the cause no., style, court and status:

Cause No. _____

Style _____

Court _____

Status _____

Cause No. _____

Style _____

Court _____

Status _____

Have any of the business assets been seized, setoff, foreclosed, garnished or attached by a creditor during the past **two years**?

Yes _____ No _____. If the answer is Yes, then give the name and address of the creditor and the property that was seized, setoff, foreclosed, garnished or attached:

Creditor _____

Property _____

Creditor _____

Property _____

Has the business sustained any losses in the last **two years** from fire, theft, other casualty or gambling?

Yes _____ No _____. If the answer is Yes, please give the details and indicate if insurance claims were made:

Have you paid any attorneys for bankruptcy counseling other than Waldron & Schneider, L.L.P.?

Yes _____ No _____. If the answer is Yes, then give the name of the attorney(s), the date of payment and the amount:

Name: _____

Date of Payment: _____ Amount: _____

Has the business transferred any property during the past **two years**?

Yes _____ No _____. If the answer is Yes, then give the particulars including the property, the date of the transfer and the name and address of the transferee:

Name of Transferee: _____

Address of Transferee: _____

Property Transferred: _____

Date of Transfer: _____

Has the business closed any bank accounts during the past **two years**?

Yes ____ No _____. If the answer is Yes, please give the name of the bank, the account number, the date of closing and the amount in the bank at the time the account was closed:

Bank _____

Account Number _____

Date of Closing _____

Amount in Account on date of closing _____

Does the business have a safe deposit box?

Yes ____ No _____. If the answer is Yes, then give the location of the box and the contents of same:

Location: _____

Names of those with access: _____

Contents of box: _____

List all bookkeepers and accountants of the business for the past six years, including their addresses:

Name: _____

Address: _____

Dates of service: _____

Name: _____

Address: _____

Dates of service: _____

When was the last inventory performed? _____

By whom? _____

What was the dollar amount of the inventory? _____

Who has physical possession of the inventory? _____

List all officers and directors of the corporation and the percentage of stock that each owns:

Name: _____

Position: _____

Address: _____

Percentage of stock owned: _____

Name: _____

Position: _____

Address: _____

Percentage of stock owned: _____

Name: _____

Position: _____

Address: _____

Percentage of stock owned: _____

Name: _____

Position: _____

Address: _____

Percentage of stock owned: _____

Have any officers or directors resigned within the last year?

Yes _____ No _____. If the answer is yes, then please indicate the name and address of that person or persons and the date of the resignation:

Name: _____

Address: _____

Date of resignation: _____

List any and all withdrawals in cash of any nature, including compensation, by any of the officers and directors in the last **two years**:

Name: _____

Address: _____

Date & Purpose of Each Withdrawal: _____

Amount of Each Withdrawal: _____

Name: _____

Address: _____

Date & Purpose of Each Withdrawal: _____

Amount of Each Withdrawal: _____

List any and all repayment of any monies borrowed from and insider in the last **two years**:

Name (insider): _____

Address: _____

Date & Purpose of Each Withdrawal: _____

Amount of Each Withdrawal: _____

AFTER YOU HAVE COMPLETED THIS FORM TO THE BEST OF YOUR ABILITY PLEASE RETURN IT WITH:

1. A COPY OF DOCUMENTS AS REQUESTED; AND,
2. THE RETAINER.

By: _____

DATE: _____

SECURED CREDITORS

REAL PROPERTY:

	ADDRESS/DESCRIPTION	VALUE	AMOUNT OWED	INTEREST RATE	MORTGAGE CO./ LIENHOLDER	ADDRESS
HOME						
OTHER REAL PROPERTY						

PERSONAL PROPERTY: (ITEMS YOU STILL OWE MONEY ON)

	DESCRIPTION	VALUE	AMOUNT OWED	INTEREST RATE	LIENHOLDER	ADDRESS
CARS						
OTHER SECURED PROPERTY (COMPUTERS, BOATS, MAJOR APPLIANCES, TV's)						

CREDIT CARD AND OTHER UNSECURED CREDITORS

	CREDITOR NAME	CREDITOR ADDRESS	ACCT. NO.	AMOUNT OWED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CREDIT CARD AND OTHER UNSECURED CREDITORS

	CREDITOR NAME	CREDITOR ADDRESS	ACCT. NO.	AMOUNT OWED
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				