

QUESTIONNAIRE FOR SELF-EMPLOYED AND BUSINESS RELATED CHAPTER 13 DEBTORS

Case Number: _____

Debtor's Name(s): _____

Business Information: (Please complete a separate form for each business.)

Business Telephone No.: _____

Name of Business or D/B/A: _____

Name of other businesses or D/B/As: _____

Name of all non-public entities including corporations, general and limited partnerships, P.C.s, P.A.s, P.L.L.C.s, L.L.C.s, and trusts in which the debtor has any legal or equitable interest. _

Description of business: _____

Date business started: _____

Is business still operating ___ Yes ___ No **Bonus?** ___ Yes ___ No

When operation ceased? _____ **Royalty?** ___ Yes ___ No

Rent? ___ Yes ___ No

Attach a copy of any agreement for commission, bonus, rent, royalty, or other compensation or explain on a separate sheet and attach to this questionnaire.

Location (address) of business: _____

___ check here if business address is your home.

Number of employees _____ **or contract laborers** _____ **(non-family)**

Do you regularly obtain trade credit in the operation of your business ___ Yes ___ No

Do you sell or serve liquor in your business: ___ Yes ___ No

If yes, attach a copy of your liquor license.

Gross revenue from business for the last 12 months \$ _____

Date _____

Debtor's signature _____

Debtor's signature _____
