
BANKRUPTCY COURT OF THE VIRGIN ISLANDS

IN RE:

Bankruptcy No. _____

Debtor(s)

Chapter _____

LOCAL BANKRUPTCY FORM 5

CHAPTER 13 BUSINESS CASE QUESTIONNAIRE

You must send this completed Questionnaire along with all required attachments to:

Office of the Chapter 13 & 12 Trustee
The United States Virgin Islands Bankruptcy Division
5500 Veterans Drive, Room 310
St. Thomas, Virgin Islands 00802

1. Reason(s) for bankruptcy filing:

2. Do you operate a business? ____ Yes / ____ No

a. For how long? _____

3. Name of Business:

4. Describe income earning activity:

5. Location of the business:

6. Is your business seasonal? ____ Yes / ____ No

a. Peak Months: _____

7. Number of employees: Part-time ____ Full Time ____

8. Are you or your spouse owners/stockholders in any Corporation or Partnership? ____ Yes / ____ No
a. Corporation/Partnership Name: _____ % owned: _____
9. Are you liable to any Corporation as a debtor or co-debtor? ____ Yes / ____ No
a. If yes, please explain: _____
10. Proof of Business Liability Insurance? ____ Yes / ____ No
a. Due Date: _____
b. Insurance Provider: _____
c. Proof of Policy: ____ Yes / ____ No
11. Do you own any commercial property? ____ Yes / ____ No
a. If yes, please describe: _____
12. Have you included a Business Budget in the schedule? ____ Yes / ____ No
13. Have you included the Business Inventory from Schedule B? ____ Yes / ____ No
a. Value: _____
14. Have you included the Business Equipment from Schedule B? ____ Yes / ____ No
a. Value: _____
15. Account Receivables:
a. Value: _____
b. Aging 30 days: _____
c. Aging 60 days: _____
d. Aging 90 days: _____
16. Identify any non-residential lease: _____
a. Assumed: _____
b. Rejected: _____
c. Date motion filed: _____
17. Name any commercial bank accounts:
a. Institution: _____
b. Account Number: _____
c. Type of Account: _____
d. Status: _____
e. Authorized Person: _____
18. State Tax returns provided for the last three years (stamped and/or certified): ____ Yes / ____ No

19. Were 1040 Federal tax returns provided for the last three years (stamped and/or certified): ____ Yes / ____ No

20. List permits provided:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

I/We declare under penalty of perjury that the foregoing statement of information is true and correct to the best of my/our knowledge, information and belief.

Date: _____

By: _____
Debtor's Signature

Date: _____

By: _____
Joint-Debtor's Signature