**INDIVIDUAL BA-01**

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| **United States Bankruptcy Court - Southern District of Alabama****CASE NAME: CASE NO. : MONTH ENDING:** **Operating reports are to be filed monthly with the Bankruptcy Clerk’s Office by the 15th of each month****INDIVIDUAL DEBTOR’S AFFIRMATIONS** |
| **YES** **NO All post petition individual taxes have been paid or withheld and the deposit slips are attached.****If you answered “No” to the above, list the types of taxes that are now due and owing.****TYPE OF TAX AMOUNT** **$**  **$**  **$**  **$**  |
| **2. YES** **NO** **Adequate insurance on all assets/property including fire, theft, liability, collision and casualty is currently in full force and effect.****If no, enter: TYPE(S) not in force.** |
|  **Bank Account No. (last 4 numbers) Type of Acct. Balance** **3. List All** **Bank Accounts 1. \_\_\_\_\_\_\_\_ $**  **2. $**  **3. $**  |
| **4. YES**  **NO** **Copies of all banks statements are filed concurrently with the Bankruptcy Clerk’s Office.** |
| **5. YES**  **NO** **I have otherwise complied with all requirements of the Chapter 11 Operating Order.** |
| 1. **YES**  **NO**  **I have attached a list of all post petition creditors that have been incurred since the filing of this case but that have not been paid, including Court approved professional (attorney, accountant, etc.) fees.**
 |
| **I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**DATE  PHONE RESPONSIBLE PARTY |

# United States Bankruptcy Court for the Southern District of Alabama

**CASE NAME:**

**CASE NO. :**

**MONTH ENDING:**

**Individual Debtor’s Cash Receipts and Disbursements**

Receipts/Income (net of payroll tax deductions & withholdings) $

Alimony, Maintenance, Support received Other Income

Interest

Sale/rent of real estate or personal property

Social Security

Pension or Retirement

Other (specify)

# TOTAL RECEIPTS/INCOME

DISBURSEMENTS/EXPENSES

Food and housekeeping supplies

Rent or Home Loan

Real Estate Tax

Utilities

Home Maintenance (repairs and upkeep)

Insurance Payments

Installments Loan Payments

Auto Loan

Other loans

Domestic Support Payments (child support/alimony) \_\_\_\_\_\_\_\_\_\_

Adequate Protection Payments \_\_\_\_\_\_\_\_\_\_

Other (specify)

# TOTAL ALL DISBURSEMENTS/EXPENDITURES

**TOTAL INCOME LESS TOTAL EXPENDITURES $**

Beginning Cash Balance$ Ending Cash Balance$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

RESPONSIBLE PARTY