| Fill in this information to ide | ntify the case: | | |
|---|--|---|------------------------------------|
| United States Bankruptcy Cou | rt for the: | | |
| Dist | rict of | | |
| Case number (If known): | Chapter | | |
| | | | |
| | | | Check if this is an amended filing |
| Official Form 105 | | | amended ming |
| | otition Against an L | ndividual | 40/45 |
| | etition Against an I | | 12/15 |
| case against a non-individual, | ruptcy case against an individual you allege to use the <i>Involuntary Petition Against a Non-i</i> uded, attach a separate sheet to this form. On | ndividual (Official Form 205). Be as complete | e and accurate as |
| Part 1: Identify the Chap | oter of the Bankruptcy Code Under Whic | ch Petition Is Filed | |
| 1. Chapter of the | Check one: | | |
| Bankruptcy Code | ☐ Chapter 7 | | |
| | ☐ Chapter 11 | | |
| Part 2: Identify the Debt | or | | |
| 2. Debtor's full name | | | |
| | First name | | |
| | Middle name | | |
| | Last name | | |
| | Suffix (Sr., Jr., II, III) | | |
| | Guilly (GL., GL., II, III) | | |
| 3. Other names you know | | | |
| the debtor has used in the last 8 years | | | |
| Include any assumed, married, maiden, or trade | | | |
| names, or doing business as names. | ; | | |
| 4. Only the last 4 digits of | ☐ Unknown | | |
| debtor's Social Security Number or federal Individual Taxpayer Identification Number (ITIN) | xxx - xx | or 9 xx - xx | |
| 5. Any Employer Identification Numbers (EINs) used in the last 8 | Unknown | | |
| years | EIN | | |
| | EIN | | |

| Dehtor | | | |
|--------|--|--|--|
| 10ntor | | | |

Case number (if known)_____

| 6. Debtor's address | Principal residence | Mailing address, if different from residence |
|--|--|---|
| | | |
| | | |
| | Number Street | Number Street |
| | | |
| | | |
| | | |
| | City State ZIP Code | City State ZIP Code |
| | | |
| | County | |
| | | |
| | Principal place of business | |
| | | |
| | | |
| | Number Street | |
| | | |
| | | |
| | | |
| | City State ZIP Code | |
| | | |
| | County | |
| | | |
| 7. Type of business | ☐ Debtor does not operate a business | |
| | Check one if the debtor operates a business: | |
| | ☐ Health Care Business (as defined in 11 U.S.C. § 1 | 01(27A)) |
| | ☐ Single Asset Real Estate (as defined in 11 U.S.C. | § 101(51B)) |
| | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | |
| | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(| 6)) |
| | ☐ None of the above | |
| 8. Type of debt | Each petitioner believes: | |
| | ☐ Debts are primarily consumer debts. Const | umar dahta ara dafinad in 11 LLS C & 101/9) as |
| | "incurred by an individual primarily for a personal, f | |
| | ☐ Debts are primarily business debts. Busines | ss debts are debts that were incurred to obtain money |
| | for a business or investment or through the operati | |
| 9. Do you know of any | □ No | |
| bankruptcy cases | | D. C. C. |
| pending by or against any partner, spouse, or | | Relationship |
| affiliate of this debtor? | | Case number, if known |
| | | |
| | Debtor | Relationship |
| | | Case number, if known |
| | N | ///// / / / / / / / / / / / / / / / / |

| Debtor | | | Case number (if known) | | |
|----------------------|-------------------------------|---|--|----------------|---|
| Part 3: Re | eport About the | Case | | | |
| 10. Venue Reason for | filing in this court. | business, or had principal assets in A bankruptcy case concerning debte | ing of this bankruptcy, the debtor has resided this district longer than in any other district. or's affiliates, general partner, or partnership of the control of the con | is pending in | this district. |
| 11. Allegation | S | At least one box must be checked: The debtor is generally not paying s bona fide dispute as to liability or and Within 120 days before the filing of the | voluntary case under 11 U.S.C. § 303(a). Such debtor's debts as they become due, unle nount. this petition, a custodian, other than a trustee an substantially all of the property of the debt | , receiver, or | agent appointed or |
| | f any claim e debtor by or | ☐ No ☐ Yes. Attach all documents that evide 1003(a). | ence the transfer and any statements require | d under Banl | kruptcy Rule |
| 13. Each petit | ioner's claim | Name of petitioner | Nature of petitioner's claim | | Amount of the claim above the value of any lien |
| | | | | | \$ \$ \$ |
| | | | | Total | \$ |

If more than 3 petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's (or representative's) signature under the statement, along with the signature of the petitioner's attorney, and the information on the petitioning creditor, the petitioner's claim, the petitioner's representative, and the attorney following the format on this form.

| Debtor | Case number (if known) |
|--------|------------------------|
| Debioi | Case Humber (# known) |

Part 4:

Request for Relief

Petitioners request that an order for relief be entered against the debtor under the chapter specified in Part 1 of this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioners declare under penalty of perjury that the information provided in this petition is true and correct. Petitioners understand that if they make a false statement, they could be fined up to \$250,000 or imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571. If relief is not ordered, the court may award attorneys' fees, costs, damages, and punitive damages. 11 U.S.C. § 303(i).

| Petitioners or Petitioners' Representative | Attorneys |
|---|-----------------------|
| | × |
| Signature of petitioner or representative, including representative's title | Signature of attorney |
| Printed name of petitioner | Printed name |
| Date signed MM / DD / YYYY | Firm name, if any |
| Mailing address of petitioner | Number Street |
| | City State ZIP Code |
| Number Street | Date signed |
| City State ZIP Code | Contact phone Email |
| If petitioner is an individual and is not represented by an attorney: | |
| Contact phone | |
| Email | |
| Name and mailing address of petitioner's representative, if any | |
| | |
| Name | |
| Number Street | |
| City State ZIP Code | |
| | |
| | |

| Signature of petitioner | or representative, including representative | entative's title |
|--------------------------|---|--------------------|
| Printed name of petition | oner | |
| Date signed MM | / DD /YYYY | |
| Mailing address o | f petitioner | |
| Number Street | | |
| City | State | ZIP Code |
| Name a supel manifest | address of petitioner's repre | esentative, if any |
| Name and mailing | | |
| Name and mailing Name | | |
| | | |

| Signature of Attorney | | |
|----------------------------|-------|----------|
| Printed name | | |
| Firm name, if any | | |
| Number Street | | |
| City | State | ZIP Code |
| Date signed MM / DD / YYYY | | |
| Contact phone | Email | |

| Signature of petitioner or representative, including representative's title | | |
|---|------------------------------|-----------------------|
| Printed name of petit | ioner | |
| Date signed MM | / DD /YYYY | |
| Mailing address o | of petitioner | |
| Number Street | | |
| City | State | ZIP Cod |
| | | |
| Name and mailing | g address of petitioner's re | epresentative, if any |
| | g address of petitioner's re | epresentative, if any |

| Signature of Attorney | | |
|-----------------------|-------|----------|
| Printed name | | |
| Firm name, if any | | |
| Number Street | | |
| Number Street | | |
| City | State | ZIP Code |
| | | ZIP Code |