|  |
| --- |
| **Fill in this information to identify your case** |
| **UNITED STATES BANKRUPTCY COURT DISTRICT OF COLORADO**  |
| Debtor 1: |  |  |  | Case #: |  |
|  | First Name | Middle Name | Last Name |  |  |
| Debtor 2: |  |  |  | Chapter: |
|  | First Name | Middle Name | Last Name |  |  |

**Local Bankruptcy Form** **1007-7.1**

**Disclosure Regarding Receivers**

**Check applicable box and complete the applicable sections.**

|  |  |
| --- | --- |
| Part 1 | **Disclosure** |

In a chapter 11 reorganization case, the following information is required pursuant to L.B.R. 1007-7:

|  |  |
| --- | --- |
| [ ]   | No receiver is in possession of debtor’s property. |
| [ ]   | A receiver is in possession of all or part of the debtor’s property: |
|  | Identification (by address or legal description) of property: |  |
|  | Name of creditor: |  |
|  | Name of receiver: |  |
|  | Address for receiver: |  |
|  | Telephone number for receiver:  |  |
|  | Attorney for receiver, if applicable: |  |
|  | Address for attorney for receiver, if applicable: |  |
|  | Telephone number for attorney for receiver, if applicable: |  |
|  | Date of appointment of receiver: |  |
|  | Court appointing receiver: |  |
|  | Case Number for court appointing receiver: |  |

|  |  |
| --- | --- |
| Part 2 | **Signature of Debtor’s Attorney or Debtor (if unrepresented)** |

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Bar Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_