

**APPLICATION OF INDIVIDUAL FOR SELECTION
TO THE PANEL OF TRUSTEES**

Please read the qualifications information and instructions before completing this application. Additional space for detailed answers is provided in Item 24 – REMARKS.

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH
3. LIST ALL STATE BAR ADMISSIONS AND YEARS ADMITTED	
4. COMPLETE BUSINESS ADDRESS (Including Firm Name)	4a. HOME ADDRESS
4c. BUSINESS TELEPHONE (including area code)	4d. HOME TELEPHONE (including area code)
	5. SOCIAL SECURITY NBR OR EMPLOYER ID

6. EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE	MAJOR FIELD OF STUDY

7. EMPLOYMENT EXPERIENCE

7a. PRESENT OCCUPATION	DATE COMMENCED
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DESCRIPTION OF DUTIES:

7b. HAVE YOU EVER SERVED AS A TRUSTEE, DEBTOR 'S ATTORNEY, TRUSTEE'S ATTORNEY OR CREDITOR'S ATTORNEY?

YES NO

IF YES, LIST APPROXIMATE NUMBER OF CASES IN WHICH YOU HAVE SERVED OR ARE SERVING.

POSITION	NUMBER OF CASES	POSITION	NUMBER OF CASES
(1) TRUSTEE		(3) TRUSTEE'S ATTORNEY	
(2) DEBTOR'S ATTORNEY		(4) CREDITOR'S ATTORNEY	

LIST THE NAME AND CASE NUMBER OF THREE CASES IN WHICH YOU HAVE SERVED. INDICATE WHETHER YOU ACTED AS TRUSTEE, DEBTOR'S ATTORNEY, TRUSTEE'S ATTORNEY OR CREDITOR'S ATTORNEY (SPECIFY NAME OF CREDITOR).

7c. LIST PREVIOUS EMPLOYMENT EXPERIENCE OR OTHER EXPERIENCE EXHIBITING YOUR ABILITY TO PERFORM THE DUTIES OF TRUSTEE.

8. REFERENCES

List three persons who are not related to you and will have definite knowledge of your qualifications and fitness for this position of panel trustee. Bankruptcy judges within the district for which you are applying and business partners should not be listed. The bankruptcy administrator will consider the responses from the individuals named by you as references in the application form. It is your responsibility to forward form B 318 Personal Reference Inquiry for Panel Trustee Applicant to the individuals whom you have named as references. The form B 318 must be forwarded directly to the bankruptcy administrator by the individual completing the form. It is suggested that form B 318 be returned to the bankruptcy administrator via certified mail and that the applicant request references to provide applicant with a copy of the receipt so that applicant will have a record of delivery to the bankruptcy administrator.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS INCLUDING STREET, CITY, ZIP CODE	TELEPHONE NUMBER INCLUDING AREA CODE AND EMAIL	OCCUPATION

9. Have you ever been convicted of a criminal offense? Exclude any traffic violations where the penalty was a fine not exceeding \$100. If YES, describe the offense and indicate the date of conviction in the "Remarks" section of this application.
10. Do you have any physical or mental handicap? If YES specify the nature of the affliction, treatment, and prognosis in the "Remarks" section of this application.
11. Are you a member in good standing of the bar of the state of Alabama or have you been certified or licensed by any government agency or professional organization?
If YES specify the date you were admitted to the bar, certified or licensed.
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12. Are you a member of a firm or affiliated with any other individual or corporation presently serving as a panel trustee?
If YES, give name(s) _____
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13. Have you ever been the subject of disciplinary proceedings before a professional organization? If YES specify the nature of the charges and the disposition in the "Remarks" section of this application.
14. Have you ever been the subject of a removal action as a trustee, or resigned as a trustee in a case under the Bankruptcy Act or Code? If YES, specify the reasons for removal action or resignation in the "Remarks" section of this application.
15. Have you ever filed a petition bankruptcy, or been the subject of an involuntary petition in bankruptcy? Has any partnership or corporation of which you were a partner, officer or director ever filed a petition in bankruptcy, been the subject of an involuntary petition in bankruptcy, or made an assignment for the benefit of creditors? If YES, specify the date and place of filing, the case name: and number and the chapter under which the petition was filed, in the "Remarks" section of this application.
16. Are you related by affinity or consanguinity within the degree of first cousin to any bankruptcy administrator, employee of a bankruptcy administrator, bankruptcy judge, or employee of any federal court serving the circuit where the bankruptcy court to which you are applying is located, or to any Chapter 7, 12, 13 trustee serving in the district to which you are applying? If YES, explain in the "Remarks" section of this application.
17. If selected for panel service, will you discharge and perform all duties impartially without bias or prejudice against any individual or entity based upon race, religion, sex, national origin or handicap?
18. If selected for panel service, will you comply with the rules and regulations set forth by the Judicial Conference of the United States and guidelines of the Director, AOUSC, governing panel service?
19. Are you or is any member of your firm currently representing a creditor or creditors who regularly appear before the Bankruptcy Court as parties in interest or claimants? If YES, explain in the "Remarks" section of this application.
20. Are you an officer of any organization composed of creditors who regularly appear in Bankruptcy Court? If YES, explain in the "Remarks" section of this application.
21. Many of the cases to which you could be assigned if selected for panel service would likely be no-asset liquidations for which you would receive only a \$60 fee. With this knowledge are you willing to accept appointment and service in all types of Chapter 7 cases? If NO, explain in the "Remarks" section cases in which you would be unwilling to accept appointment.
22. Are you willing to accept appointment in cases where the business must be operated?

23. REMARKS

ATTACH ADDITIONAL SHEET IF NECESSARY.

24. SIGNATURE

READ THIS STATEMENT BEFORE SIGNING AUTHORITY FOR RELEASE OF INFORMATION

I have completed this Application with the knowledge and understanding that any and all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness to act as a Trustee in Bankruptcy by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, and authorized employees of the bankruptcy administrator for that purpose.

CERTIFICATION

I certify under penalty of perjury that the foregoing is true and correct. I further certify under penalty of perjury that I am generally familiar with the Bankruptcy Code (title 11 of the United States Code), the Bankruptcy Rules, and the local rules of the bankruptcy court for the district in which I wish to serve, and that I am competent to serve in the capacity of trustee in bankruptcy.

SIGNATURE (IN INK)

DATE