APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 12- SUED BY A RECEIVER, TRUSTEE OR OTHER AUTHORITY OF BANKRUPTCY

Name:_____ Social Security Number:_____

You indicated that you have been sued by a receiver, trustee or other authority of a bankruptcy estate, for unlawful preference, conspiracy to conceal assets or other fraud or offense, whether or not punishable by law.

Please state the date, title and number of the case, the name and location of the court, and details of the case. Attach to this form a copy of any complaint or other claim filed against you.

Name of Court:_____

Address:_____

City:_____ State:_____ Zip:_____

Date of Case:_____
(Month/Year)

Title of Case:_____

Case Number:_____

Details of Case:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Disposition:_____

_____

_____

_____

_____