FORM B5
(12/03)

# United States Bankruptcy Court

## District of Western New York

# INVOLUNTARY PETITION

IN RE (Name of Debtor - If Individual: Last, First, Middle)

ALL OTHER NAMES used by debtor in the last 6 years
(Include married, maiden, and trade names.)

LAST 4 DIGITS OF SOC. SEC./TAX I.D. NO. (If more than one, state all.)

STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)

COUNTY OF RESIDENCE OR
PRINCIPAL PLACE OF BUSINESS

MAILING ADDRESS OF DEBTOR (If different from street address)

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☐ Chapter 7 ☐ Chapter 11

**INFORMATION REGARDING DEBTOR (Check applicable boxes)**

Petitioners believe:
☐ Debts are primarily consumer debts
☐ Debts are primarily business debts

B. BRIEFLY DESCRIBE NATURE OF BUSINESS

TYPE OF DEBTOR
☐ Individual ☐ Stockbroker
☐ Partnership ☐ Commodity Broker
☐ Corporation ☐ Railroad
☐ Other: _____

**VENUE**

☐ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

**FILING FEE** (Check one box)

☐ Full Filing Fee attached

☐ Petitioner is a child suport creditor or its representative, and the form specified in § 304g) of the Bankruptcy Reform Act of 1994 is attached.

**PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR** (Report information for any additional cases on attached sheets.)

| Name of Debtor | Case Number | Date |
|---|---|---|
| Relationship | District | Judge |

**ALLEGATIONS**
**(Check applicable boxes)**

1. ☐ Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
2. ☐ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.

3.a. ☐ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute;

or

b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

COURT USE ONLY

*If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.*

FORM 5 Involuntary Petition
(12/03)

Name of Debtor _____

Case No. _____
(court use only)

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X_____
Signature of Petitioner or Representative (State title)

_____
Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X_____
Signature of Attorney Date

_____
Name of Attorney Firm (If any)

_____
Address

_____
Telephone No.

X_____
Signature of Petitioner or Representative (State title)

_____
Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X_____
Signature of Attorney Date

_____
Name of Attorney Firm (If any)

_____
Address

_____
Telephone No.

X_____
Signature of Petitioner or Representative (State title)

_____
Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

X_____
Signature of Attorney Date

_____
Name of Attorney Firm (If any)

_____
Address

_____
Telephone No.

**PETITIONING CREDITORS**

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|---|---|---|
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. | | Total Amount of Petitioners' Claims |

_____continuation sheets attached