

United States Bankruptcy Court District of Hawaii	INVOLUNTARY PETITION
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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.)
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LAST 4 DIGITS OF SOC. SEC./TAX I.D. NO. (If more than one, state all.)	
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STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)	MAILING ADDRESS OF DEBTOR (If different from street address)
<div style="border: 1px solid black; width: fit-content; margin: 5px auto; padding: 2px;"> COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS </div>	

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

TYPE OF DEBTOR

Individual Stockbroker
 Partnership Commodity Broker
 Corporation Railroad
 Other: _____

B. BRIEFLY DESCRIBE NATURE OF BUSINESS

<p style="text-align: center;">VENUE</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.</p>	<p style="text-align: center;">FILING FEE (Check one box)</p> <p><input type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.</p>
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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

<p style="text-align: center;">ALLEGATIONS (Check applicable boxes)</p> <p>1. <input type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).</p> <p>2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.</p> <p>3.a. <input type="checkbox"/> 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;</p> <p style="text-align: center;">or</p> <p>b. <input type="checkbox"/> 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.</p>	<p>COURT USE ONLY</p>
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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.

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

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
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