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**APPLICATION FOR DETERMINATION OF MORAL CHARACTER**

**FORM 4—SUED BY A RECEIVER, TRUSTEE, OR OTHER AUTHORITY OF BANKRUPTCY**

Please complete this form if you answered “Yes” to question 60 on the Determination Application, or question 57 on the Extension Application.

Name: \_\_\_\_\_ File 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: \_\_\_\_\_

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Disposition: \_\_\_\_\_

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