



APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 4—ADVERSARY PROCEEDING INITIATED BY A RECEIVER, TRUSTEE, OR OTHER AUTHORITY OF BANKRUPTCY

Please complete this form if you answered “yes” to question 55 on the Determination Application or the Extension Application.

Name: _____ File number: _____

You indicated that an adversary proceeding has been filed against you by a receiver, trustee, or other authority of a bankruptcy estate, for unlawful preference, conspiracy to conceal assets, or other fraud or offense.

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: _____
