

FORM 82

Report of Trustee on Bankrupt's
Application for Discharge
(Subsection 170(1) of the Act)

(Title Form 1)

Date of bankruptcy:		Date of initial bankruptcy event:	
Marital status:			
Type of employment:	Number of persons in household family unit, including bankrupt:		
LIABILITIES			
	Secured	Preferred	Unsecured
Declared	\$	\$	\$
Proven	\$	\$	\$
ASSETS			
Description	Value as per Statement of Affairs	Amount realized	Estimate of assets to be realized
	\$	\$	\$
TOTAL			
ANTICIPATED RATE OF DIVIDENDS			
Preferred creditors:		Unsecured creditors	

A. CAUSES OF BANKRUPTCY

1. Provide details of the causes of bankruptcy:

B. INFORMATION CONCERNING THE FINANCIAL SITUATION *(The same method of calculation must be used to establish the available monthly income of the bankrupt and the family unit at date of bankruptcy and at date of this report. Explain any material changes.)*

2. a) Available monthly income of the bankrupt at date of bankruptcy
(Same amount as line (7) on Form 65) \$ _____
- b) Available monthly income of the bankrupt at date of this report \$ _____
3. a) Available monthly income of the family unit at date of bankruptcy
(Same amount as line (8) on Form 65) \$ _____
- b) Available monthly income of the family unit at date of this report \$ _____

C. CONDUCT OF THE BANKRUPT

- 4. a) Was the bankrupt required to pay to the estate an amount established by Directive No. 11R2 (Surplus Income)? *(If yes, attach Appendix A)* Yes No
- b) Could the bankrupt have made a viable proposal rather than proceeding with bankruptcy? *(If yes, attach Appendix A)* Yes No
- 5. Did the bankrupt have high income tax debts pursuant to section 172.1 of the Act? Yes No
- 6. a) Did the bankrupt fail to perform any of the duties imposed on him/her under the Act? *(If yes, provide details)* Yes No
- b) Can the bankrupt be justly held responsible for any of the facts referred pursuant to section 173 of the Act? *(If yes, provide details)* Yes No
- c) Did the bankrupt commit any offence in connection with the bankruptcy? *(If yes, provide details)* Yes No
- 7. a) Did the bankrupt ever make a proposal under the *Bankruptcy and Insolvency Act*? *(If yes, provide details)* Yes No
- b) Has the bankrupt been bankrupt before either in Canada or elsewhere? *(If yes, provide details)* Yes No
- 8. Were inspectors appointed in this estate? Yes No
(Provide details if the trustee has reasonable grounds to believe that the inspectors will not approve this report. Attach a copy of the resolution.)

D. DISCHARGE OF THE BANKRUPT

- 9. a) Is it the intention of the trustee to oppose the bankrupt's discharge? *(If yes, provide details)* Yes No
- b) Does the trustee have reasonable grounds to believe that a creditor or the Superintendent will oppose the bankrupt's discharge for a reason other than those set out in section 173(1)(m) or (n) of the Act? *(If yes, provide details)* Yes No
- 10. Did the bankrupt refuse or neglect to receive counselling pursuant to Directive No. 1R3 (Counselling in Insolvency Matters)? *(If yes, provide details)* Yes No
- 11. Are there other facts, matters or circumstances that would justify the Court in refusing an absolute order of discharge? *(If yes, provide details)* Yes No
- 12. Other pertinent information (e.g. exceptional personal circumstances, preferential payments, etc.). *(If yes, provide details)* Yes No

Additional details as required

Number

Additional information

Dated at _____, this _____ day of _____.

Licensed Insolvency Trustee

APPENDIX A

A. AMOUNT REQUIRED TO BE PAID MONTHLY BY THE BANKRUPT

Monthly amount required by Directive No. 11R2 (Surplus Income) <i>(Same amount as line (15) on Form 65)</i>	\$ _____ (1)
Amount bankrupt has agreed to pay monthly <i>(Same amount as line (12) on Form 65)</i>	\$ _____ (2)
Difference between lines (1) and (2)	\$ _____
Amount bankrupt has agreed to pay monthly to repurchase assets <i>(Same amount as line (13) on Form 65, provide details)</i>	\$ _____ (3)
Total anticipated payments, lines (2) + (3):	\$ _____

B. SURPLUS INCOME

1. Did the bankrupt make all required payments pursuant to section 68 of the Act? *(If no, provide details)* Yes No
2. Does amount established to be paid correspond with Directive No. 11R2 (Surplus Income)? *(If no, provide details of any extenuating circumstances that would affect amount to be paid as per Directive)* Yes No
3. Was the bankrupt made aware of the possibility of requesting mediation? Yes No
4. Were there any amendments or material changes during the period of bankruptcy? *(If yes, provide details)* Yes No
5. Was mediation necessary under subsections 68(6) or 68(7) of the Act to determine the amount to be paid by the bankrupt? Yes No

Dated at _____, this _____ day of _____.

Licensed Insolvency Trustee

NOTE: If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.