

United States Bankruptcy Court
District of New Jersey

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Pascack Valley Hospital Association, Inc
Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 22-1637362
Street Address of Debtor (No. & Street, City, State & Zip Code): 250 Old Hook Road Westwood, NJ ZIPCODE 07675
County of Residence or of the Principal Place of Business: Bergen
Mailing Address of Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box.)
Nature of Business (Check one box.)
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)
Nature of Debts (Check one box.)
Tax-Exempt Entity (Check box, if applicable.)

Filing Fee (Check one box)
Chapter 11 Debtors:
Check one box:
Check all applicable boxes:

Statistical/Administrative Information
THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors
Estimated Assets
Estimated Liabilities

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Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Pascack Valley Hospital Association, Inc
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Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)

Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;">X</p> <p>Signature of Attorney for Debtor(s) _____ Date _____</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

Information Regarding the Debtor - Venue
(Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this 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.

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

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Pascack Valley Hospital Association, Inc

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

X _____
Printed Name of Foreign Representative

Date

Signature of Attorney

X /s/ Jack M. Zackin

Signature of Attorney for Debtor(s)

Jack M. Zackin, Esq.

Printed Name of Attorney for Debtor(s)

Sills Cummis Epstein & Gross P.C.

Firm Name

One Riverfront Plaza

Address

Newark, NJ 07102

(973) 643-7000

Telephone Number

9-24-07

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Jane Conner-Henig
Signature of Authorized Individual

Jane Conner-Henig
Printed Name of Authorized Individual

President, CEO
Title of Authorized Individual

9-24-07

Date

**RESOLUTIONS OF BOARD OF TRUSTEES
PASCACK VALLEY HOSPITAL ASSOCIATION**

WHEREAS, Pascack Valley Hospital Association (the “Hospital”) has been experiencing financial difficulties; and

WHEREAS, the Board of Trustees has attempted to ameliorate these difficulties by, among other things, retaining consultants, engaging in a process to locate a strategic partner and implementing a turn-around plan developed by the Hospital’s management; and

WHEREAS despite these efforts the financial condition of the Hospital has continued to deteriorate such that it may be necessary for the Hospital to seek relief under Chapter 11 of the United States Bankruptcy Code;

NOW THEREFORE IT IS HEREBY:

RESOLVED, that, in the judgment of the Board of Trustees of the Hospital, it is desirable and in the best interest of the Hospital, its creditors, employees, and other interested parties that a petition be filed by the Hospital seeking relief under the provisions of chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”); and it is further

RESOLVED, that, the President and Chief Executive Officer or the Secretary of the Hospital is hereby authorized, empowered and directed, in the name and on behalf of the Hospital, to execute and verify a petition under chapter 11 of the Bankruptcy Code and to cause same to be filed in the United States Bankruptcy Court for the District of New Jersey at such time as said officer executing the same shall determine; and it is further

RESOLVED, that, the appropriate officers of the Hospital are hereby authorized, empowered and directed to execute and file all petitions, schedules, motions, lists, applications, pleadings, and other papers, and, in that connection, to employ and retain legal counsel, accountants, financial advisors, and other professionals, and to take and perform

any and all further acts and deeds which they deem necessary, proper, or desirable in connection with the Hospital's chapter 11 case, with a view to the successful prosecution of such case; and it is further

RESOLVED, that, the appropriate officers of the Hospital are hereby authorized, empowered and directed, in the name and on behalf of the Hospital, to cause the Hospital to enter into, execute, deliver, certify file and/or record, and perform, such agreements, instruments, motions, affidavits, applications for approvals or ruling of governmental or regulatory authorities, certificates or other documents, and to take such other action, as in the judgment of such officer shall be or become necessary, proper and desirable to effectuate a successful reorganization or chapter 11 liquidation of the Hospital's business; and it is further

DULY ADOPTED by the Board of Trustees of Pascack Valley Hospital Association, Inc. this 16th day of August, 2007.

ATTEST:

Karen Waigat

BY:

Benjamin J. ...