

<b>UNITED STATES BANKRUPTCY COURT</b> SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991	
In Re  <div style="text-align: center;">Debtor.</div>	BANKRUPTCY NO.
<div style="text-align: center;">Plaintiff(s)</div>	ADVERSARY NO.
v.  <div style="text-align: center;">Defendant(s)</div>	

**NOTICE OF PRE-TRIAL STATUS CONFERENCE**

TO:

**YOU ARE HEREBY NOTIFIED** that the PRE-TRIAL STATUS CONFERENCE in this proceeding has been set for \_\_\_\_\_, at \_\_\_\_\_ .m., in Department No. \_\_\_\_\_, Room \_\_\_\_\_ of the Jacob Weinberger United States Courthouse, located at 325 West "F" Street, San Diego, California 92101-6991.

Pursuant to Local Bankruptcy Rule 7016-1(c), all counsel and unrepresented parties must complete and jointly sign Local Form CSD 3018 Certificate of Compliance with Early Conference of Counsel. No later than 7 days after the early Conference, plaintiff's counsel must file and serve the completed Local Form CSD 3018 on all parties.

Contact the appropriate Courtroom Deputy for the judge assigned to this Adversary Case if you have any questions.

- |   |    |   |                     |   |                             |
|---|----|---|---------------------|---|-----------------------------|
| - | MM | - | call (619) 557-7407 | - | DEPARTMENT ONE (Room 218)   |
| - | LA | - | call (619) 557-6594 | - | DEPARTMENT TWO (Room 118)   |
| - | LT | - | call (619) 557-6018 | - | DEPARTMENT THREE (Room 129) |
| - | CL | - | call (619) 557-6019 | - | DEPARTMENT FIVE (Room 318)  |

DATED:

\_\_\_\_\_  
Attorney for Plaintiff

**CERTIFICATE OF SERVICE**

I, the undersigned whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

That on \_\_\_\_\_ day of \_\_\_\_\_, I served a true copy of this NOTICE OF PRE-TRIAL STATUS CONFERENCE by [describe here mode of service]

on the following persons [set forth name and address of each person served] and as checked below:

Attorney for Debtor (if required):

I certify under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_

\_\_\_\_\_  
(Typed Name and Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP Code)