

Name, Address, Telephone No. & I.D. No.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.:

Debtor(s)

**CERTIFICATE OF CURE OF ENTIRE MONETARY DEFAULT PURSUANT TO 11 U.S.C. § 362(l)
AND NOTICE OF OPPORTUNITY FOR HEARING**

I (we), the debtor(s), declare under penalty of perjury that the entire monetary default which gave rise to the judgment under which possession of the residential property was sought by the lessor has been cured.

If you object to this Certificate of Cure of Monetary Default,

1. **You must immediately** obtain a hearing date and time for hearing on your objection to cure by contacting the appropriate Courtroom Deputy for the judge assigned to this bankruptcy case. Determine which deputy to call by looking at the Bankruptcy Case No. in the above caption of this notice. If the case number is followed by the letters:

-	CL	-	call (619) 557-6019	-	DEPARTMENT ONE (Room 218)
-	JBM	-	call (619) 557-5157	-	DEPARTMENT TWO (Room 118)
2. **Within 14¹ days from the date of service of this notice**, you are further required to serve a copy of your **Declaration in Opposition** and separate **Request and Notice of Hearing** [Local Form CSD 1184] upon the debtor, counsel for the debtor (if any), and the trustee, together with any opposing papers. The opposing declaration must be signed and verified in the manner prescribed by FRBP 9011, and the declaration must:
 - a. identify the interest of the opposing party; and
 - b. state, with particularity, the grounds for the opposition.
3. **You must** file the original Declaration and Request and Notice of Hearing with proof of service with the Clerk of the U.S. Bankruptcy Court at 325 West F Street, San Diego, California 92101-6991, no later than the next business day following the date of service.

If you fail to serve your “Declaration in Opposition” and “Request and Notice for Hearing,” no hearing will take place and the provisions of 11 U.S.C. § 362(b)(22) will not apply.

DATED:

Debtor

Joint Debtor

¹Depending on how you were served, you may have additional time for response. See FRBP 9006.

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 _____, 20____, I served a true copy of this CERTIFICATE OF CURE OF ENTIRE MONETARY DEFAULT AND NOTICE OF OPPORTUNITY FOR HEARING, together with the following pleadings (described below) by the mode of service shown below:

Pleadings:

1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):

Under controlling Local Bankruptcy Rules(s) ("LBR"), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On _____, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

☐

Chapter 7 Trustee:

☐

For Chpt. 7, 11, & 12 cases:

UNITED STATES TRUSTEE
ustp.region15@usdoj.gov

☐

For Chapter 13 cases:

MICHAEL KOCH, TRUSTEE
mkoch@ch13.sdcoxmail.com

2. Served by United States Mail:

On _____, I served the following person(s) and/or entity(ies) at the last known address(es) In this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

☐

Lessor:

3. **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:**

Under FRCP 5 and controlling LBR, on _____, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery, and/or electronic mail as follows:

☐ Lessor:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on _____
(Date)

(Typed Name and Signature)

(Address)

(City, State, Zip Code)