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

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# UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA

 325 West F Street, San Diego, California 92101-6991

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| In Re      |  | BANKRUPTCY NO.       |
|  Debtor(s) |  |  |

# NOTICE TO CREDITORS OF THE ABOVED-NAMED DEBTOR

# ADDED BY AMENDMENT OR BALANCE OF SCHEDULES

You are hereby notified that the debtor is filing in this case a schedule or an amendment to the debtor's list of debts to include you as a creditor of this estate. If you have questions concerning the legal effect of this filing upon you as a creditor, please consult your own legal counsel. Neither the Court nor I may advise you on legal matters.

You are further notified that on      , the debtor filed a petition for relief under Chapter    , of the United States Bankruptcy Code. [If applicable: The case was subsequently converted to a case under Chapter     of the Code on:      .]

**As a result of the filing of the petition, you are notified that certain acts and proceedings against the debtor and his estate are stated as provided in 11 U.S.C. § 362(a).**

Copies of notices indicated below are pertinent to this case and are enclosed with this notice.

Order for and Notice of Section 341(a) Meeting and/or Notice of Hearing on Objection to Confirmation of Chapter 13 Plan

[ ]  Meeting and/or Hearing pending

[ ]  Meeting and/or Hearing concluded

[ ]  Meeting and/or Hearing continued to      , at      .m.

[ ]  Discharge of the Debtor

[ ]  Order Fixing Last Date for Filing Claims and Proof of Claim (Form 410) [ ]  Order Confirming Plan

[ ]  Other (specify)

|  |  |  |
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| Dated:       | Signed: |       |
|  |  | [ ]  Debtor [ ]  Attorney for Debtor |

# INSTRUCTIONS

1. Determine which of the notices or orders listed on the reverse side have been mailed to creditors prior to preparation of the amendment or balance of schedules being filed with this notice. Copies of those notices must be mailed to the added creditors and copies attached to this notice. Failure to do so may cause the amendment, schedules and/or notice to be returned for correction.
2. Compliance with LBR 1007-4 and 1009 are required.

# PROOF OF SERVICE

I, whose address appears below, certify:

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

I served a true copy of this **Notice to Creditors of the Above-Named Debtor Added by Amendment** onthe following persons listed below by mode of service shown below:

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| 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: |
|       |
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|  |  |
| --- | --- |
|  [ ]  | Chapter 7 Trustee:       |
|  |
|  [ ]   | For Chapter 7, 11, & 12 cases: | [ ]  | For Chapter 13 cases: |
|  |  | UNITED STATES TRUSTEEustp.region15@usdoj.gov |  | MICHAEL KOCH, TRUSTEEmkoch@ch13.sdcoxmail.com |

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| 2. | **Served by United States Mail**: |
|  |  |
|  | On |       | , I served the following person(s) and/or entity(ies) at the last known address(es) |
| 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: |
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| 3. | **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail**: |
|  |
|  | Under Fed.R.Civ.P.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: |
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|       |
|  | 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. |
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|  | Executed on |       |  |       |
|  | (Date) |  | (Typed Name and Signature) |
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|  |       |
|  | (Address) |
|  |
|  |       |
|  | (City, State, ZIP Code) |