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 |  |
| In Re   |  | | --- | |  | | Tax I.D.(EIN)#:     /S.S.#:XXX-XX-      Debtor(s) | | BANKRUPTCY NO. |

# NOTICE OF MOTION AND OPPORTUNITY FOR HEARING ON OPPOSITION TO MOTION TO

|  |  |  |  |  |  |  |  |
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|  |  | **EXTEND THE AUTOMATIC STAY** | | |  | **IMPOSE THE AUTOMATIC STAY** | |
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|  | | | | | | | |
|  | **You are hereby notified** that | | |  | | | , has filed a Motion for |
|  | | | | | | | |
|  |  | | an order extending the automatic stay under 11 U.S.C. § 362(c)(3)(B); | | | | |
|  | | | | | | | |
|  |  | | an order imposing the automatic stay under 11 U.S.C. § 362(c)(4)(B); | | | | |
|  | | | | | | | |
| Accompanying this Notice are the Motion and Declaration(s) in Support of the Motion. | | | | | | | |

If you oppose the Motion, you must serve upon the undersigned and file with the Clerk of Court the original and one copy of such papers, together with the proof of service, at 325 West F St., San Diego, California 92101-6991, **not later than fourteen (14)1 days from the date of service.**

A hearing will be held on      , at      .m., in Department   , Room     , on your opposition to this Motion. **If you fail to file and serve written opposition to this motion within the time indicated, the movant will immediately submit an order granting the motion and vacating the hearing.**

DATED:

|  |  |
| --- | --- |
|  |  |
|  | [Attorney for] Moving Party |

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      , I served a true copy of the within NOTICE OF MOTION AND OPPORTUNITY FOR HEARING ON OPPOSITION on the following persons listed below by the 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: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | | | | | Attorney for Debtor (or Debtor), if required: | | | | | | |
|  | | | | | | Chapter 7 Trustee: | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | For Chapter 7, 11, & 12 cases: | | | |  | For Chapter 13 cases: | |
|  | | |  | | UNITED STATES TRUSTEE  ustp.region15@usdoj.gov | | | |  | MICHAEL KOCH, TRUSTEE  mkoch@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: | | | | |
|  | | Attorney for Debtor (or Debtor), if required: | | |
|  | | | | |

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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: | | | |
|  |  | | |
|  | Attorney for Debtor (or Debtor), if required: | | |
|  | | | |
|  | 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 |  |  |  |
|  | | | | (Typed Name and Signature) |
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|  | | | |  |
|  | | | | (Address) |
|  | | | | |
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|  | | | | (City, State, ZIP Code) |