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 HEARING AND MOTION

TO THE DEBTOR, ALL CREDITORS AND OTHER PARTIES IN INTEREST:

**You are hereby notified** that on      , at      .m., in Department   , Room     , of the Jacob Weinberger United States Courthouse, located at 325 West F Street, San Diego, California 92101-6017, there will be a hearing regarding the Motion of      , for [check the appropriate box]:

|  |  |
| --- | --- |
|  | Dismissal of a chapter 7, 11 or 12 case; |
|  | Conversion of a chapter 7, 11 or 12 case by a party other than the debtor; |
|  | Allowance of interim final compensation or reimbursement of expenses of professionals as provided in Exhibit "A" [information required by FRBP 2002(c)(2)]; |
|  | Appointment of a trustee in a chapter 11 case; or |
|  | Other [specify the nature of the matter]: |
|  |  |

If not required to be attached, a set of the moving papers will be provided, upon request, by the undersigned or may be inspected at the office of the Clerk.

Any opposition or other response to the motion must be served upon the undersigned and the original of such papers with proof of service must be filed with the Clerk of the U.S. Bankruptcy Court at 325 West F St., San Diego, California, 92101-6017, **not later than fourteen (14)1days from the date of service.**

|  |  |
| --- | --- |
| 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 the       day of      , I served a true copy of the within NOTICE OF MOTION AND HEARING on the following persons 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 |  |  |  |
|  | | (Date) |  | (Typed Name and Signature) |
|  | | | | |
|  | | | |  |
|  | | | | (Address) |
|  | | | | |
|  | | | |  |
|  | | | | (City, State, ZIP Code) |