

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.

Tax I.D.(EIN)#: _____ /S.S.#:XXX-XX-_____ Debtor(s)

NOTICE OF MOTION FOR _____

TO:

You are herewith served with the attached Motion by _____, Movant,
 for:

and any accompanying declarations.

If you object to the Court granting the relief requested in the Motion:

- You are required** to obtain a hearing date and time from 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)

- Within 14¹ days from the date of service of the motion**, you are further required to serve a copy of your **Declaration in Opposition to Motion** and separate **Request and Notice of Hearing** [Local Form CSD 1184] upon the undersigned moving party, together with any opposing papers. The opposing declaration must be signed and verified in the manner prescribed by FRBP 9011, and the declaration must:

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

- a. identify the interest of the opposing party; and
 - b. state, with particularity, the grounds for the opposition.
3. **You must** file the original of the 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 to Intended Action” and “Request and Notice of Hearing” within the 14-day¹ period provided by this notice, **no hearing will take place**, you will lose your opportunity for hearing, and the debtor or trustee may proceed to take the intended action.

DATED:

Attorney for Moving Party

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 _____, 20__, I served a true copy of the within NOTICE OF MOTION, together with the following pleadings [describe any other papers] on the following persons listed below by the mode of service shown below:

List additional papers:

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:
UNITED STATES TRUSTEE
ustp.region15@usdoj.gov

☐ For Chapter 13 cases assigned to:
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:

☐ Attorney for Debtor (or Debtor), if required:

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:

☐ 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.

Executed on _____

(Typed Name and Signature)

(Address)

(City, State, ZIP Code)