

**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)

**REQUEST AND NOTICE OF HEARING <sup>1</sup>**

TO:

RE: MOTION FILED ON BEHALF OF [insert name of moving party]\_\_\_\_\_

**You are notified that** \_\_\_\_\_,  
the undersigned party in interest, hereby objects to your Motion [or Notice of Intent] and requests a hearing pursuant to your  
Notice of Motion [or Intent] to take the following action [insert description from Notice]:

Your Notice fixed \_\_\_\_\_<sup>2</sup> as the last date for serving and filing this Request  
and Notice of Hearing and the accompanying Declaration<sup>3</sup> in Opposition to Motion [Notice of Intent]. The Opposing Party is  
[check one]:

☐ Debtor ☐ United States Trustee ☐ Trustee

☐ Creditor ☐ Other (specify): \_\_\_\_\_

You are further notified that a hearing will be held in Department\_\_\_\_, Room\_\_\_\_, of the Jacob Weinberger  
United States Courthouse, located at 325 West F Street, San Diego, California 92101-6991, on \_\_\_\_\_  
at \_\_\_\_\_.m., or as soon thereafter as it can be held.

DATED:

\_\_\_\_\_  
[Attorney for] Opposing Party

<sup>1</sup>DO NOT USE THIS FORM FOR REQUESTING A HEARING ON MOTION FOR RELIEF FROM STAY. USE LOCAL FORM CSD 1186 INSTEAD.

<sup>2</sup>IMPORTANT NOTICE: Before this date, YOU MUST FILE the original and one copy of this Request and Notice of Hearing together with your Declaration in Opposition with Proof of Service with the Clerk of the Bankruptcy Court at the address shown above, and serve a copy of the papers on the moving party. You may obtain a hearing date and time from the Court by calling the number specified in the Notice of Motion [or Intent].

<sup>3</sup>NOTE: This form merely notices the hearing and places it on the Court's calendar. Additional declarations, points and authorities, etc., may be necessary, since the Court expects full compliance with LBR 9013-7(b).

### 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 REQUEST AND NOTICE OF HEARING, 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 Moving Party: ☐ Attorney for Debtor, if required:

☐ Chapter 7 Trustee:

☐ For Chpt. 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 addresses(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 Moving Party: ☐ Attorney for Debtor, if required:

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 Moving Party:

☐ Attorney for 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 \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Typed Name and Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP Code)