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

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|       |  |
| **UNITED STATES BANKRUPTCY COURT**SOUTHERN DISTRICT OF CALIFORNIA325 West F Street, San Diego, California 92101-6991 |  |
| In Re

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|       |
|  Debtor(s) |

 |  BANKRUPTCY NO.       |

**NOTICE OF PRE-CONFIRMATION MODIFICATION DATED**

**TO CHAPTER 13 PLAN DATED**

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| TO:       |

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|  |  **You are hereby notified** that the Debtor(s) have contemporaneously filed a Pre-Confirmation Modification dated |
|       | (“PCM”) to the Chapter 13 Plan dated  |       | with thisnotice. Because Debtor(s) |
| represent that the PCM will not adversely affect any party in interest, confirmation of the Chapter 13 Plan as so modified will  |
| be considered at the following time:  |

|  |  |  |
| --- | --- | --- |
| [ ]  |  | If no objection to the Chapter 13 Plan is currently pending, the PCM will be considered at the § 341(a)  |
|  |   | Meeting of Creditors set for |       | , at |       | .m., at  |       |
|  |  |        | , at which the sufficiency of the proposed |
|  |  | modification will be considered. No further notice need be given. |
|  |  |  |
| [ ]  |  | The hearing set for |       | , at |       | .m., in Department No. |       | , |
|  |  | Room |       | , of the Jacob Weinberger United States Courthouse, on the objection(s) to confirmation |
|  |  | already filed, located at 325 West F Street, San Diego, California 92101-6991 (“Court”). No further |
|  |  | notice need be given. |
|  |  |  |
|  |  | **IF A PARTY CONTENDS THAT THE CHAPTER 13 PLAN AS MODIFIED AFFECTS ITS INTERESTS,** |
|  |  | **IT MUST FILE AN OPPOSITION AND REQUEST A HEARING FROM THE COURTROOM DEPUTY** |
|  |  | **CLERK.** |

|  |  |  |
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|  DATED: |       |  |
|  |       |
|  | [Attorney for] Debtor |

**If modifying the Chapter 13 Plan after confirmation per § 1329, use Local Form CSD 1149.**

**If modifying the Chapter 13 Plan in a manner that might adversely affect a party in interest, use Local Form CSD 1170.**

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 PRE-  |
|  CONFIRMATION MODIFICATION TO CHAPTER 13 PLAN 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:      |
|  |  |  |  |
| [ ]  | For Chapter 13 cases: |  |  |
|  | 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 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:       |  [ ]  | Debtor:       |
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|  |
|       |

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| 3. | **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail**: |
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|  |
|  | Under Fed.R.Civ.P.5 and controlling LBR, on |       | , I served the following parties  |
| 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:       | [ ]  | Debtor:       |
|       |
|  | 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) |