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

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| In Re | |  | BANKRUPTCY NO. | |
|  | Debtor(s) | |  | |
|  | |  | | ADVERSARY NO. |
|  | Plaintiff(s) | | |  |
| v. | |  | |  |
|  | Defendant(s) | | |  |

# NOTICE OF PRE-TRIAL STATUS CONFERENCE

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| TO: |  |

**You are hereby notified** that the PRE-TRIAL STATUS CONFERENCE in this proceeding has been set

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| for |  | , at |  | m., | in Department No. |  | , Room |  | of the |
| Jacob Weinberger United States Courthouse, located at 325 West F Street, San Diego, California 92101-6991. | | | | | | | | | |
|  | | | | | | | | | |
| Pursuant to LBR 7016-1(c), all counsel and unrepresented parties must complete and jointly sign Local Form | | | | | | | | | |
| CSD 3018 Certificate of Compliance with Early Conference of Counsel. No later than 7 days after the early Conference, | | | | | | | | | |
| plaintiff’s counsel must file and serve the completed Local Form CSD 3018 on all parties. | | | | | | | | | |
|  | | | | | | | | | |
| Contact the appropriate Courtroom Deputy for the judge assigned to this Adversary Case if you have any | | | | | | | | | |
| questions. | | | | | | | | | |

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| - CL | - call (619) 557-6019 | - DEPARTMENT ONE (Room 218) |
| - JBM | - call (619) 557-5157 | - DEPARTMENT TWO (Room 118) |
| - LT | - call (619) 557-5157 | - DEPARTMENT THREE (Room 129) |

DATED:

|  |  |
| --- | --- |
|  |  |
|  | Attorney for Plaintiff |

# 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 this NOTICE OF PRE-TRIAL STATUS CONFERENCE 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 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. | | |
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| Executed on |  |  |  |
|  |  |  | (Typed Name and Signature) |
|  |  |  |  |
|  |  |  |  |
|  |  |  | (Address) |
|  |  |  |  |
|  |  |  |  |
|  |  |  | (City, State, ZIP Code) |