

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991		
In Re		BANKRUPTCY NO.
	Debtor(s)	
		ADVERSARY NO.
	Plaintiff(s)	
V.		
	Defendants(s)	

REQUEST TO ENTER DEFAULT

TO THE APPLICANT: The following statements must all be true in order to enter the default. Please verify by checking applicable boxes:

- BOX 1 ☐ The defendant named above did not file a motion or an answer to the complaint within 30 days of issuance of the summons pursuant to FRBP 7012. The United States, its offices and agencies, have 35 days to file a motion or answer.
- BOX 2 ☐ The defendant named in this request is not entitled to the benefits of the Servicemembers Civil Relief Act of 2003. (50 App. U.S.C.A. 501 et seq.)
- BOX 3 ☐ Proof of Service of the Summons and Complaint has been filed with the court pursuant to LBR 9006-2.
- BOX 4 ☐ Service of Summons and Complaint on defendant was made within 7 days of issuance of the summons pursuant to FRBP 7004(e).
- BOX 5 ☐ If the defendant is also the debtor, service of Summons and Complaint was made on the attorney for debtor/defendant pursuant to FRBP 7004(g).
- BOX 6 ☐ Service of Summons and Complaint was made at the defendant's dwelling house, usual place of abode or the place where the defendant regularly conducts business pursuant to FRBP 7004(b).
- BOX 7 ☐ The defendant is not a minor or incompetent person. If so, he/she must be represented by a general guardian, conservator, or other like fiduciary who has appeared as Fed.R.Civ.P. 55(b) requires.
- BOX 8 ☐ The declaration or affidavit in support of this Request is filed concurrently as LBR 7055-1(b) requires.
- BOX 9 ☐ A copy of this Request has been served on the defendant, defendant's attorney (if any), and interested parties as indicated on the reverse side.

TO THE CLERK: Please enter the default in the above-entitled complaint of the following-named Defendant(s) ONLY. (If additional space is needed, attach an exhibit listing all Defendants for which a default is requested): [See footnote¹ before completing.]

DATED: _____

Signature of (Attorney for) Plaintiff

¹The word "plaintiff" includes cross-complainant, "defendant" includes cross-defendant, singular includes the plural.

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 REQUEST TO ENTER DEFAULT by the mode of service shown below.

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 Defendant (or Defendant):

☐ Chapter 7 Trustee:

☐ For Chapter 7, 11, & 12 cases:
UNITED STATES TRUSTEE
ustp.region15@usdoj.gov

☐ For Chapter 13 cases:
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 Defendant (or Defendant):

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 Defendant (or Defendant):

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)