CSD 1149 [10/17/05] 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.							
NOTICE OF HEARING AND MO	TION FOR ARREOVAL OF						
☐ CHAPTER 11 DISCLOSURE STATEMENT	☐ CHAPTER 11 PLAN OF REORGANIZATION						
☐ CHAPTER 11 MODIFIED PLAN	☐ CHAPTER 13 MODIFIED PLAN						
TO THE DEBTOR, ALL CREDITORS AND OTHER PARTIES	IN INTEREST:						
YOU ARE HEREBY NOTIFIED that on	, atm., in Department,						
Room, of the Jacob Weinberger United States Courthou	se, located at 325 West "F" Street, San Diego, California						
92101-6991, there will be a hearing regarding the Motion of							
for [check the appropriate box]:							
[] Approval of disclosure statement in chapter 11	case;						
[] Approval of plan of reorganization in chapter 1	[] Approval of plan of reorganization in chapter 11 case;						
[] Modification of a chapter 11 plan prior to confir	[] Modification of a chapter 11 plan prior to confirmation; or						
[] Modification of a chapter 13 plan after confirma	ation.						
If not required to be attached, a set of the moving paper	ers will be provided, upon request, by the undersigned or						
may be inspected at the office of the Clerk.							
	e served upon the undersigned and the original and one						
copy of such papers with proof of service must be filed with the							
San Diego, California 92101-6991, NOT LATER THAN TWEN	TIT-FIVE (25)" DAYS FROM THE DATE OF SERVICE.						
DATED:							

[[]Attorney for] Moving Party

¹If you were served electronically or by mail, you have three (3) additional days to take the above-stated actions.

CSD 1149

CERTIFICATE OF SERVICE

	I, the unde	I, the undersigned whose address appears below, certify:						
	That I am,	That I am, and at all times hereinafter mentioned was, more than 18 years of age;						
HEA	That on _ RING AND M	day of IOTION FOR A	APPRO\	/AL by [describe here	, I serve mode of servi	d a true ce]	copy of the within NOTICE OF	
on th	e following p	ersons [set for	th name	and address of each	person served] and/or a	as checked below:	
[]		or Debtor (if re						
	,	,	1,					
1	For Chpt. 7, 11	1, & 12 cases:	[]	For ODD numbered Chapter	13 cases:	[]	For EVEN numbered Chapter 13 cases:	
	Department of	adway, Suite 600		THOMAS H. BILLINGSLEA, 530 "B" Street, Suite. 1500 San Diego, CA 92101	JR., TRUSTEE		DAVID L. SKELTON, TRUSTEE 525 "B" Street, Suite 1430 San Diego, CA 92101-4507	
	I certify ur	nder penalty of	perjury	that the foregoing is t	true and correc	t.		
	Executed	on						
		(Date)			(Typed Name	and Sig	nature)	
					(Address)			
					(City, State, 2	ZIP Code)	