

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 MOTION**

TO:

**YOU ARE HEREBY NOTIFIED** that on \_\_\_\_\_, at \_\_\_\_\_m., in Department No. \_\_\_\_\_, Room \_\_\_\_\_ the Jacob Weinberger United States Courthouse, located at 325 West "F" Street, San Diego, California 92101-6991, there will be a hearing regarding the motion of \_\_\_\_\_, for

Any opposition or other response to this motion must be served upon the undersigned and the original and one copy of such papers with proof of service must be filed with the Clerk of the U.S. Bankruptcy Court at 325 West "F" Street, San Diego, California 92101-6991, NOT LATER THAN FOURTEEN (14)<sup>1</sup> DAYS FROM THE DATE OF SERVICE.

DATED:

\_\_\_\_\_  
[Attorney for] Moving Party

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

**CERTIFICATE OF SERVICE**

I, the undersigned whose address appears below, certify:

That I am, and at all times hereinafter mentioned was, more than 18 years of age;

That on \_\_\_\_ day of \_\_\_\_\_, I served a true copy of the within NOTICE OF MOTION AND HEARING by [describe here mode of service]

on the following persons [set forth name and address of each person served] and/or as checked below:

[ ] Attorney for Debtor (if required):

[ ]	For Chpt. 7, 11, & 12 cases: UNITED STATES TRUSTEE Department of Justice 402 West Broadway, Suite 600 San Diego, CA 92101	[ ]	For ODD numbered Chapter 13 cases: THOMAS H. BILLINGSLEA, JR., TRUSTEE 530 "B" Street, Suite. 1500 San Diego, CA 92101	[ ]	For EVEN numbered Chapter 13 cases: DAVID L. SKELTON, TRUSTEE 525 "B" Street, Suite 1430 San Diego, CA 92101-4507
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I certify under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
(Date)

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

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

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