FORM JCM 005

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re:

 : Case No. -JCM

DEBTOR NAME(S), : Chapter 7/11/13

 :

Debtor(s). :

 :

MOVANT NAME(S), :

Movant(s), :

v. :

 :

RESPONDENT NAME(S), :

Respondent(s). :

**NOTICE OF HEARING AND RESPONSE DEADLINE**

**REGARDING MOTION OF [NAME OF MOVANT] FOR [RELIEF REQUESTED]**

TO THE RESPONDENT(S):

You are hereby notified that the Movant seeks an order affecting your rights or property.

You are further instructed to file with the Clerk and serve upon the undersigned attorney for Movant a response to the Motion by no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ (*i.e.*, seventeen (17) days after the date of service below), in accordance with the Federal Rules of Bankruptcy Procedure, the Local Rules of this Court, and the general procedures of the presiding judge as found on the Court’s webpage at www.pawb.uscourts.gov. If you fail to timely file and serve a written response, an order granting the relief requested in the Motion may be entered and the hearing may not be held. Please refer to the calendar posted on the Court’s webpage to verify if a default order was signed or if the hearing will go forward as scheduled.

You should take this Notice and the Motion to a lawyer at once.

A hearing will be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, at \_\_\_\_:\_\_\_\_\_ \_\_.m. before Judge John C. Melaragno in (choose one: Courtroom C, 54th Floor U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219 OR the Erie Bankruptcy Courtroom, U.S. Courthouse, 17 South Park Row, Erie, PA 16501). Only a limited time of ten (10) minutes is being provided on the calendar. No witnesses will be heard. If there is an issue of fact, an evidentiary hearing will be scheduled by the Court for a later date.

Date of Service: \_\_\_\_\_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney for Movant/Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney I.D. No.