

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: : Bankruptcy No.  
: Chapter  
Debtor :  
: [Related to Document No. ]  
Movant :  
: [Hearing Date and Time: ]  
v. :  
: Respondent (if none, then "No Respondent") :

**MOTION TO TERMINATE THE LOSS MITIGATION PROGRAM**

[FULL NAME OF MOVANT] hereby requests the termination of the Loss Mitigation Program in this case, pursuant to *W.P.A.LBR 9020-5(c)*, and in support for said request attests as follows:

**Part 1: LMP Background**

[In separately numbered paragraphs, and in chronological order, identify each docket event related to the LMP in this case; for example "1. On October 11, 2013, Debtor filed a *Motion For Loss Mitigation* at Docket NO. 23." Include in the chronology an account of each hearing and conference related to the LMP in this case; for example "13. On December 15, 2013 a status conference was held before the Honorable Thomas P. Agresti, resulting in the entry of an Order on December 16, 2013 at Docket No. 25. Said Order required Debtor to submit IRS Form 4506T to the creditor via the Portal on or before January 3, 2014."]

**Part 2: LMP Progress**

[In separately numbered paragraphs, and in chronological order, identify each of the specific steps taken by the debtor and creditor towards arriving at a consensual resolution as of the date of this Motion]

**Part 3: Reasons Supporting a Termination of the LMP Period**

[In separately numbered paragraphs, set forth the specific reasons why the creditor and debtor are unable to reach a consensual resolution, and/or set forth the specific reasons why the Court should terminate the Loss Mitigation Program in this case.]

A proposed order substantially in the form of Local Bankruptcy Form 45, and a complete and current printout of the entire account history from the Portal, are attached hereto pursuant to *W.P.A.LBR 9020-5(c)*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

On behalf of: \_\_\_\_\_  
Name of Debtor(s)

\_\_\_\_\_  
Name of Attorney - Typed

\_\_\_\_\_  
Postal Address of Attorney

\_\_\_\_\_  
Email Address of Attorney

\_\_\_\_\_  
Phone Number of Attorney

\_\_\_\_\_  
Attorney's Bar I.D. and State of Admission