

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address <input type="checkbox"/> Individual appearing without attorney <input type="checkbox"/> Attorney for:	FOR COURT USE ONLY <div style="background-color: yellow; padding: 5px; border: 1px solid black;"> NOTE: THIS NOTICE IS ONLY FOR USE WHEN THE <u>PLAN ITSELF</u> PROPOSES TO VALUE COLLATERAL AND/OR AVOID LIENS </div>
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - <u>Name of</u> DIVISION	
In re:	<div style="border: 1px solid black; padding: 5px;"> CASE NO.: CHAPTER: 13 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> NOTICE OF (1) SECTION 341(a) MEETING, AND (2) HEARING ON CONFIRMATION OF CHAPTER 13 PLAN AND MODIFICATION OF SECURED CLAIM(S), WITH COPY OF CHAPTER 13 PLAN </div> <div style="border: 1px solid black; padding: 5px;"> SECTION 341(a) MEETING OF CREDITORS: DATE: TIME: MEETING ROOM: CONFIRMATION HEARING: DATE: TIME: COURTROOM: FLOOR: DEADLINE FOR OBJECTIONS TO PLAN*: (*Debtor(s) must give at least 21 days' notice of response deadline and 35 days' notice of confirmation hearing, plus three days for service by mail. FRBP 2002(a)(9)&(b)(3), 3015(f), 9006(f), LBR 3015-1(____).) </div>
Debtor(s).	

1. NOTICE TO ALL CREDITORS AND OTHER INTERESTED PARTIES:

- a. The Debtor will seek approval of the attached chapter 13 plan at the hearing listed above.
- b. To the lienholders listed on Exhibit B: The plan proposes to **modify your secured claims without a separate motion**. The plan itself serves as that motion. Please note: (1) evidence (lien priorities, dollar amounts, etc.) must be attached to the copy of this notice served on you (not the copy served on everyone else), and (2) this notice and all exhibits must be served on you in compliance with FRBP 7004. If you wish to contest that modification of your lien then you must file a response (with any required evidence) by the deadline stated above, and appear at the preliminary hearing listed above. At the initial confirmation hearing the judge may determine

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whether the proposed modification of your secured claim is permissible, or may set a continued hearing, which may be an evidentiary hearing if there are material undecided factual issues.

- c. The Debtor and their attorney are required to appear at the section 341(a) meeting of creditors; and all other interested parties are invited but not required to attend.
- d. You should read these papers carefully and discuss them with your attorney, if you have one. *(If you do not have an attorney, you may wish to consult one.)*

2. Section 341(a) Meeting Location:

- | | |
|--|--|
| <input type="checkbox"/> 915 Wilshire Blvd, 10th Floor, Los Angeles | <input type="checkbox"/> 411 West Fourth Street, Room 1-154, Santa Ana |
| <input type="checkbox"/> 21041 Burbank Blvd, Suite 100, Woodland Hills | <input type="checkbox"/> 1415 State Street, Santa Barbara |
| <input type="checkbox"/> 3801 University Ave, Riverside | |

3. Hearing Locations:

- | | |
|--|--|
| <input type="checkbox"/> 255 East Temple Street, Los Angeles | <input type="checkbox"/> 411 West Fourth Street, Santa Ana |
| <input type="checkbox"/> 21041 Burbank Boulevard, Woodland Hills | <input type="checkbox"/> 1415 State Street, Santa Barbara |
| <input type="checkbox"/> 3420 Twelfth Street, Riverside | |

- 4. OBJECTIONS TO PLAN:** If you wish to object to the confirmation of the Chapter 13 plan, you must file a written objection with the court and serve a copy of it on the Debtor, the attorney for the Debtor, and the chapter 13 trustee before the deadline set forth above. Unless you timely file a written objection to the plan and appear at the confirmation hearing, the court may treat your failure to do so as a forfeiture or waiver of your right to object to the plan, and may approve the plan.

- 5. APPEARANCE BY THE DEBTOR AND THE ATTORNEY FOR THE DEBTOR IS REQUIRED AT BOTH THE SECTION 341(a) MEETING AND THE CONFIRMATION HEARING.** If the chapter 13 trustee finds at the Section 341(a) meeting that the case is ready for confirmation, the trustee may, but is not required to, stipulate that the Debtor and counsel are excused from appearance at the confirmation hearing (if the assigned judge permits the trustee to waive appearances). If the chapter 13 trustee finds at the Section 341(a) meeting that the case is NOT ready for confirmation, the trustee may, but is not required to, continue the Section 341(a) meeting and/or the confirmation hearing to a later date. **Unexcused failure by the Debtor to appear at either the Section 341(a) meeting or the confirmation hearing may result in dismissal of the case. The dismissal order may include a prohibition on being a Debtor in any bankruptcy case for a period of 180 days pursuant to 11 U.S.C. § 109(g), or other remedies pursuant to applicable law.**

Date: _____

Signature for Debtor or attorney for Debtor

Print name of law firm (if applicable)

Attachments:

Exhibit A: copy of plan

Exhibit B: Lienholders (the plan proposes to modify your secured claims without a separate motion)

Exhibit C: Valuation evidence (to be attached only to the copy of this notice served on affected lienholders)

EXHIBIT A
(copy of plan)

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

EXHIBIT B

(This notice and Exhibit B are to be used only if the plan itself proposes to modify the rights of the following lienholders without a separate motion to value the collateral or avoid the lien. Do not list federal government lienholders. Rule 3012.)

a. LIENHOLDER/SERVICER *(list holder of this lien and servicer to the best knowledge of Debtor(s)):*

Lienholder/Servicer: _____

☐ Real property collateral:

Street address: _____

And/or legal description or document recording number *(including county of recording)*:

☐ See attached page for legal description of Property or document recording number.

☐ Other collateral *(add description such as judgment date, date of lien recording, book and page number)*:

b. LIENHOLDER/SERVICER *(list holder of this lien and servicer to the best knowledge of Debtor(s)):*

Lienholder/Servicer: _____

☐ Real property collateral:

Street address: _____

And/or legal description or document recording number *(including county of recording)*:

☐ See attached page for legal description of Property or document recording number.

☐ Other collateral *(add description such as judgment date, date of lien recording, book and page number)*:

c. LIENHOLDER/SERVICER *(list holder of this lien and servicer to the best knowledge of Debtor(s)):*

Lienholder/Servicer: _____

☐ Real property collateral:

Street address: _____

And/or legal description or document recording number *(including county of recording)*:

☐ See attached page for legal description of Property or document recording number.

☐ Other collateral *(add description such as judgment date, date of lien recording, book and page number)*:

☐ MORE LIENHOLDERS LISTED ON ATTACHED CONTINUATION PAGE

EXHIBIT C

(Evidence: lien priorities, relevant dollar amounts, and collateral value such as an appraisal, etc.)

(Attach this exhibit only to the copy of this notice that is served on the lienholders listed on Exhibit B)

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

A true and correct copy of the document described as **NOTICE OF (1) SECTION 341(a) MEETING, AND (2) HEARING ON CONFIRMATION OF CHAPTER 13 PLAN AND MODIFICATION OF SECURED CLAIM(S), WITH COPY OF CHAPTER 13 PLAN** will be served or was served in the manner indicated below:

I. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (“NEF”) – Pursuant to controlling General Order(s) and Local Bankruptcy Rule(s) (“LBR”), the foregoing document 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 email address(es) indicated below:

☐ Service information continued on attached page

II. SERVED BY U.S. MAIL OR OVERNIGHT MAIL (indicate method for each person or entity served):

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 a true and correct copy thereof in a sealed envelope in the United States Mail, first class, postage prepaid, and/or with an overnight mail service addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page

III. SERVED BY PERSONAL DELIVERY, FACSIMILE TRANSMISSION OR EMAIL (indicate method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or 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 and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date

Type Name

Signature

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ADDITIONAL SERVICE LIST FOR USE WITH EXHIBIT B

SERVED BY UNITED STATES MAIL, CERTIFIED MAIL OR OVERNIGHT MAIL (indicate method for each person or entity served):
 (Attached page to Proof of Service of Document-include any additional or alternative addresses and attach additional pages if needed)
 (Certified Mail required for service on a national bank.)

1st lienholder (name and address) _____ _____ _____ _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
1st lienholder (name) and Agent for Service of Process (name and address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
1st lienholder (name) and Servicing Agent (name and address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____

2nd lienholder (name and address) _____ _____ _____ _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
2nd lienholder (name) and Agent for Service of Process (name and address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
2nd lienholder (name) and Servicing Agent (name and address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____

3rd lienholder (name and address) _____ _____ _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
3rd lienholder (name) and Agent for Service of Process (name and address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
3rd lienholder (name) and Servicing Agent (name and address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> FDIC website _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____

Alternative/additional addresses (name and address) _____ _____ _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other (<i>specify</i>): _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
Alternative/additional addresses (name and address) _____ _____ _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other (<i>specify</i>): _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____
Alternative/additional addresses (name and address) _____ _____ _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other (<i>specify</i>): _____ _____ _____ _____	Delivery method: <input type="checkbox"/> United States mail <input type="checkbox"/> Certified mail Tracking # _____ <input type="checkbox"/> Overnight mail Tracking # _____ Carrier Name: _____ _____