

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address

FOR COURT USE ONLY

Attorney for Movant

Movant appearing without attorney

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA - DIVISION**

In re:

CASE NO.:

CHAPTER:

**NOTICE OF MOTION AND  
MOTION FOR ORDER DETERMINING  
VALUE OF COLLATERAL  
[11 U.S.C. § 506(a), FRBP 3012]**

This motion is being made under **ONLY ONE** of the following notice procedures:

- No hearing unless requested under LBR 9013-1(o)(4);
- Hearing set by Movant: LBR 9013-1(d);
- Hearing on Shortened Notice: LBR 9075-1(b); or
- Hearing on Emergency Basis: LBR 9075-1(a).

DATE:

TIME:

COURTROOM:

PLACE:

Debtor(s)

**Creditor Name** (Insert name of creditor holding collateral to be valued): \_\_\_\_\_

**1. PLEASE TAKE NOTICE THAT** \_\_\_\_\_ (Movant) requests an order valuing the collateral described below. This motion does not request lien avoidance (see LBR forms F 4003 for lien avoidance involving principal residences and judicial liens).

**2. NOTICE PROVISIONS AND DEADLINES FOR FILING AND SERVING A WRITTEN RESPONSE:** Your rights might be affected by this Motion. You may want to consult an attorney. Refer to the box checked below for the deadline to file and serve a written response. If you fail to timely file and serve a written response, the court may treat such failure as a waiver of your right to oppose the Motion and may grant the requested relief. You must serve a copy of your opposition upon the Movant and the Movant's attorney and the United States trustee, and also serve a copy on the judge pursuant to LBR 5005-2(d) and the Court Manual.

- a.  **No Hearing Scheduled; Notice Provided Under LBR 9013-1(o):** This Motion is filed by the Movant pursuant to LBR 9013-1(o), which provides for granting of motions without a hearing. The full Motion is attached, including the legal and factual grounds upon which the Motion is made. If you wish to oppose this Motion, you must file a written response and request for hearing with the court and serve it as stated above **no later than 14 days after the date stated on the Proof of Service of this Motion** plus 3 additional days if you were served by mail, electronically, or pursuant to F.R.Civ.P. 5(b)(2)(D), (E), or (F). Your opposition must comply with LBR 9013-1(f) and (o).
- b.  **Hearing Set by Movant; Notice Provided Under LBR 9013-1(d):** This Motion is set for hearing on at least 21 days of notice pursuant to LBR 9013-1(d). The full Motion and supporting documentation are attached, including the legal and factual grounds upon which the Motion is made. If you wish to oppose this Motion, you must file a written response with the court and serve it as stated above **no later than 14 days prior to the hearing**. Your response must comply with LBR 9013-1(f). The undersigned hereby verifies that the hearing date and time selected were available for this type of Motion according to the judge's self-calendaring procedures [LBR 9013-1(b)].
- c.  **Hearing Requested on Shortened Notice under LBR 9075-1(b):** Movant has filed a separate motion asking the court to set a hearing on shortened notice, titled Application for Order Setting Hearing on Shortened Notice (Application). If the court grants the Application, the Movant will serve you with another document providing notice. The deadline to file and serve a written response will be contained in this document. If the court denies the Application, the Movant will provide written notice of a regular hearing date or other proposed disposition of this motion.
- d.  **Hearing Requested on Emergency Basis under LBR 9075-1(a):** **Hearing Requested on Emergency Basis under LBR 9075-1(a):** Movant has contacted the court and requested an emergency hearing on less than 48 hours notice. If the court grants the request, you will receive a separate Notice of Hearing that identifies the deadline for the Movant to file and serve the Motion and the deadline for you to file and serve a written response. If the court denies the request to set an emergency hearing, the Movant will provide written notice of a regular hearing date or other disposition of this motion and the deadline for filing an opposition.

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

By: \_\_\_\_\_  
*Signature of Movant or Attorney for Movant*

Name: \_\_\_\_\_  
*Print Name of Movant or Attorney for Movant*

**MOTION FOR ORDER DETERMINING VALUE OF COLLATERAL  
PURSUANT TO 11 U.S.C. § 506(a) AND FRBP 3012**

**1. The Movant is (check one):**

- The debtor
- A creditor
- The trustee
- The Official Committee of Creditors Holding Unsecured Claims
- Other (specify): \_\_\_\_\_

**2. The Collateral to be Valued:**

a. The Movant requests a determination of the value of the following collateral (Collateral).

- Real Property  
Street Address: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Legal description or document recording number (including county of recording):  
\_\_\_\_\_  
\_\_\_\_\_

- Personal Property
  - Vehicle:  
Year, manufacturer, type, and model: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_  
Location of vehicle (if known): \_\_\_\_\_

- Equipment:  
Manufacturer, type, and characteristics: \_\_\_\_\_  
Serial number(s): \_\_\_\_\_  
Location (if known): \_\_\_\_\_

Other Personal Property (describe type, identifying information, and location):  
\_\_\_\_\_  
\_\_\_\_\_

- See attached page.

b. Purpose of the Valuation

- Treatment of the claim in a plan:
  - Pursuant to 11 U.S.C. § 1322
  - Pursuant to 11 U.S.C. § 1129
  - Other: \_\_\_\_\_

- Disposition or use of Collateral pursuant to 11 U.S.C. § 363;
- Other: (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Movant asserts that the value of the Collateral is \$ \_\_\_\_\_ as of (date): \_\_\_\_\_

Check one:

Date bankruptcy case was commenced.

Other (specify): \_\_\_\_\_

**3. Liens Encumbering the Collateral:**

The Collateral is subject to the following liens in the amounts specified securing the debt against the Collateral:

Names of Lien Holders in Order of Priority	Original Lien Amount	Balance of Lien Amount As of (applicable date)
1 <sup>st</sup> Lien:	\$	\$
2 <sup>nd</sup> Lien:	\$	\$
3 <sup>rd</sup> Lien:	\$	\$

See attached page for additional lien(s).

**4. Determination of Secured/Unsecured Status:**

Based upon paragraphs 2 and 3 above, Movant asserts the following:

Names of Lien Holders in Order of Priority	Secured Portion of the Claim	Unsecured Portion of the Claim
1 <sup>st</sup> Lien:	\$	\$
2 <sup>nd</sup> Lien:	\$	\$
3 <sup>rd</sup> Lien:	\$	\$

See attached page for additional lien(s).

**5. Evidence in Support of Motion:**

a. Evidence establishing the value of the Collateral:

Declaration of the debtor as owner of the Collateral

Declaration of the expert witness

Certified appraiser

Other: \_\_\_\_\_

Declaration of a party who can authenticate a market report (e.g. Kelley Blue Book) pursuant to F.R.Evid. 803(17).

Other:

b. Evidence establishing the amount of the claims related to the liens encumbering the Collateral

Declaration of the debtor as owner of the Collateral

Declaration of a witness authenticating a document that is an admissible statement of a party opponent (e.g. proof of claim or a recent loan statement) pursuant to F.R.Evid. 801(d)(2).

Other:

c. Evidence establishing the priority of the lien encumbering the Collateral

Declaration of the debtor as owner of the Collateral

Other:

d.  Other evidence (specify):

**Based upon the foregoing, Movant requests that this Court value the Collateral as listed in paragraph 2.c. above and that the claims related to the liens encumbering the Collateral, listed in paragraph 3 above, are determined to be secured or unsecured as requested in paragraph 4 above.**

See attached continuation page for additional provisions.

Respectfully submitted,

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

By: \_\_\_\_\_  
*Signature of Movant or Attorney for Movant*

Name: \_\_\_\_\_  
*Printed Name of Movant or Attorney for Movant*

**DECLARATION OF THE DEBTOR AS OWNER OF THE COLLATERAL IN SUPPORT OF  
MOTION FOR ORDER DETERMINING VALUE OF COLLATERAL**

1. I, *(state debtor's name)* \_\_\_\_\_ declare that I am the debtor in this bankruptcy case.
2. I make this declaration of my own personal knowledge and if called as a witness, could and would testify thereto.
3. I am the owner of the collateral listed in paragraph 1 of the Motion for Order Determining Value of Collateral to which this declaration is attached.
4. My opinion of the value of the Collateral is \$ \_\_\_\_\_ as of *(applicable date)* \_\_\_\_\_ based upon my personal knowledge, including but not limited to:
  - Review of an appraisal (do not attach).
  - Knowledge of comparable sales (do not attach).
  - Other: \_\_\_\_\_

5. As of *(applicable date)* \_\_\_\_\_, the Collateral is subject to the following liens in the amounts specified securing the debt against the Collateral:

Names of Lien Holders in Order of Priority	Original Lien Amount	Balance of Lien Amount As of <i>(state applicable date)</i>
<b>1<sup>st</sup> Lien:</b>	\$	\$
<b>2<sup>nd</sup> Lien:</b>	\$	\$
<b>3<sup>rd</sup> Lien:</b>	\$	\$

The foregoing balances are established by true and correct copies of filed proofs of claim, or recent loan statements, or other documents attached to this declaration as Exhibit A.

6. The purpose of the valuation is to provide for treatment of the claim of:

Names of Lien Holders in Order of Priority	Secured Portion of the Claim	Unsecured Portion of the Claim
<b>1<sup>st</sup> Lien:</b>	\$	\$
<b>2<sup>nd</sup> Lien:</b>	\$	\$
<b>3<sup>rd</sup> Lien:</b>	\$	\$

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

**DECLARATION OF EXPERT WITNESS IN SUPPORT OF  
MOTION FOR ORDER DETERMINING VALUE OF COLLATERAL**

I, \_\_\_\_\_ declare:

1. I am over 18 years of age, and I am qualified to testify as an expert witness in my capacity as a:  
 Licensed Residential Property Appraiser with license no. \_\_\_\_\_  
 Other: \_\_\_\_\_  
\_\_\_\_\_
2. Attached as Exhibit A to this declaration, is my report, which discloses all the data that I have used in forming my opinion.
3. My opinion of the value of the Collateral is \$ \_\_\_\_\_ as of (*applicable date*) \_\_\_\_\_.

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

# 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 foregoing document entitled (*specify*): **NOTICE OF MOTION AND MOTION FOR ORDER DETERMINING VALUE OF COLLATERAL [11 U.S.C. § 506(a), FRBP 3012]** will be served or was served (**a**) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (**b**) in the manner stated below:

**1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) \_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL:** On (*date*) \_\_\_\_\_, I served the following persons and/or entities at the last known addresses 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 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

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) \_\_\_\_\_, I served the following persons and/or entities by personal delivery, overnight mail service, 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, or overnight mail to, 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 that the foregoing is true and correct.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

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



(Attached page to Proof of Service-please include any additional or alternative addresses and attach additional pages if needed)  
 (Certified Mail required for service on a national bank.)

(Name of 1 <sup>st</sup> Lienholder) _____  Agent for Service of Process (Name & Address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other: (Specify) _____	Delivery Method: <input type="checkbox"/> US mail <input type="checkbox"/> Certified mail – Tracking # _____ <input type="checkbox"/> Overnight mail – Tracking # _____ Carrier Name: _____
(Name of 1 <sup>st</sup> Lienholder) _____  Agent for Service of Process (Name & Address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other: (Specify) _____	Delivery Method: <input type="checkbox"/> US mail <input type="checkbox"/> Certified mail – Tracking # _____ <input type="checkbox"/> Overnight mail – Tracking # _____ Carrier Name: _____
(Name of 1 <sup>st</sup> Lienholder) _____  Agent for Service of Process (Name & Address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other: (Specify) _____	Delivery Method: <input type="checkbox"/> US mail <input type="checkbox"/> Certified mail – Tracking # _____ <input type="checkbox"/> Overnight mail – Tracking # _____ Carrier Name: _____

(Name of 2 <sup>nd</sup> Lienholder) _____  Agent for Service of Process (Name & Address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other: (Specify) _____	Delivery Method: <input type="checkbox"/> US mail <input type="checkbox"/> Certified mail – Tracking # _____ <input type="checkbox"/> Overnight mail – Tracking # _____ Carrier Name: _____
(Name of 2 <sup>nd</sup> Lienholder) _____  Agent for Service of Process (Name & Address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other: (Specify) _____	Delivery Method: <input type="checkbox"/> US mail <input type="checkbox"/> Certified mail – Tracking # _____ <input type="checkbox"/> Overnight mail – Tracking # _____ Carrier Name: _____
(Name of 2 <sup>nd</sup> Lienholder) _____  Agent for Service of Process (Name & Address) _____ _____ _____	Address from: <input type="checkbox"/> Proof of claim <input type="checkbox"/> Secretary of State <input type="checkbox"/> FDIC website <input type="checkbox"/> Other: (Specify) _____	Delivery Method: <input type="checkbox"/> US mail <input type="checkbox"/> Certified mail – Tracking # _____ <input type="checkbox"/> Overnight mail – Tracking # _____ Carrier Name: _____

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

<p>(Name of 3<sup>rd</sup> Lienholder)</p> <p>_____</p> <p>Agent for Service of Process (Name &amp; Address)</p> <p>_____</p> <p>_____</p>	<p>Address from:</p> <p><input type="checkbox"/> Proof of claim</p> <p><input type="checkbox"/> Secretary of State</p> <p><input type="checkbox"/> FDIC website</p> <p><input type="checkbox"/> Other: (Specify)</p> <p>_____</p>	<p>Delivery Method:</p> <p><input type="checkbox"/> US mail</p> <p><input type="checkbox"/> Certified mail – Tracking # _____</p> <p><input type="checkbox"/> Overnight mail – Tracking # _____</p> <p>Carrier Name: _____</p>
<p>(Name of 3<sup>rd</sup> Lienholder)</p> <p>_____</p> <p>Agent for Service of Process (Name &amp; Address)</p> <p>_____</p> <p>_____</p>	<p>Address from:</p> <p><input type="checkbox"/> Proof of claim</p> <p><input type="checkbox"/> Secretary of State</p> <p><input type="checkbox"/> FDIC website</p> <p><input type="checkbox"/> Other: (Specify)</p> <p>_____</p>	<p>Delivery Method:</p> <p><input type="checkbox"/> US mail</p> <p><input type="checkbox"/> Certified mail – Tracking # _____</p> <p><input type="checkbox"/> Overnight mail – Tracking # _____</p> <p>Carrier Name: _____</p>
<p>(Name of 3<sup>rd</sup> Lienholder)</p> <p>_____</p> <p>Agent for Service of Process (Name &amp; Address)</p> <p>_____</p> <p>_____</p>	<p>Address from:</p> <p><input type="checkbox"/> Proof of claim</p> <p><input type="checkbox"/> Secretary of State</p> <p><input type="checkbox"/> FDIC website</p> <p><input type="checkbox"/> Other: (Specify)</p> <p>_____</p>	<p>Delivery Method:</p> <p><input type="checkbox"/> US mail</p> <p><input type="checkbox"/> Certified mail – Tracking # _____</p> <p><input type="checkbox"/> Overnight mail – Tracking # _____</p> <p>Carrier Name: _____</p>

<p>Alternative/Additional Address (Name &amp; Address)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Address from:</p> <p><input type="checkbox"/> Proof of claim</p> <p><input type="checkbox"/> Secretary of State</p> <p><input type="checkbox"/> FDIC website</p> <p><input type="checkbox"/> Other: (Specify)</p> <p>_____</p>	<p>Delivery Method:</p> <p><input type="checkbox"/> US mail</p> <p><input type="checkbox"/> Certified mail – Tracking # _____</p> <p><input type="checkbox"/> Overnight mail – Tracking # _____</p> <p>Carrier Name: _____</p>
<p>Alternative/Additional Address (Name &amp; Address)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Address from:</p> <p><input type="checkbox"/> Proof of claim</p> <p><input type="checkbox"/> Secretary of State</p> <p><input type="checkbox"/> FDIC website</p> <p><input type="checkbox"/> Other: (Specify)</p> <p>_____</p>	<p>Delivery Method:</p> <p><input type="checkbox"/> US mail</p> <p><input type="checkbox"/> Certified mail – Tracking # _____</p> <p><input type="checkbox"/> Overnight mail – Tracking # _____</p> <p>Carrier Name: _____</p>