UNITED STATES BANKRUPTCY COURT

DISTRICT OF SOUTH CAROLINA

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| IN RE:                                              DEBTOR(S)  | CASE NO: CHAPTER:(If applicable, use adversary caption.) Adv. Pro. No. NOTICE AND APPLICATION FOR SETTLEMENT AND COMPROMISE  |

TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of filer) has filed papers with the court to approve the compromise or settlement described herein.

            Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

            If you do not want the court to [relief sought in application], or you want the court to consider your views on the application, then within twenty-one (21) days of service of this notice, you or your attorney must:

            File with the court a written response, return, or objection at:

                  1100 Laurel Street
                  Columbia, SC 29201

            Responses, returns, or objections filed by an attorney must be electronically filed in ecf.scb.uscourts.gov.

            If you mail your response, return, or objection to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

            You must also send a copy to:

                  {Movant’s attorney’s name and address}

                  {names and addresses of others to be served}

            Attend the hearing scheduled to be heard on (date), (year), at \_\_\_\_ a.m./p.m. at the United States Bankruptcy Court, {address}.

            If no response, return, and/or objection is timely filed and served, no hearing will be held on this application, except at the direction of the judge.

          If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the application and may enter an order granting that relief.

NATURE OF DISPUTE: (Specifically state the dispute between the parties.)

AMOUNT DISPUTED: (Specifically state the monetary amounts which are the subject of the dispute.)

PROPOSED SETTLEMENT OR COMPROMISE: (Summarize the proposed resolution of the dispute and enclose a copy of the consent order.)

BENEFIT TO THE ESTATE: (Specifically state the benefits to the estate as a result of the settlement.  Include the amount of any monetary benefit to be received.  Also include any risks to the estate which may result from the failure to accept the proposed settlement or compromise.)

MOVING PARTIES: (Specifically state the names and addresses and telephone numbers of the attorney for the debtor or trustee, as applicable, and any other party proposing the settlement.)

The (name of party) hereby certifies that the terms set out above are complete and have been agreed upon by the moving parties named herein. [This paragraph to be used when all settling parties are not signing this notice and application.] WHEREFORE, the moving parties request the Court issue an order authorizing the settlement and compromise and such other and further relief as may be proper.

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Signature of Debtor/Trustee |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Typed Printed Name |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Address/Telephone/Facsimile/E-mail |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | District Court I.D. Number |