UNITED STATES BANKRUPTCY COURT

DISTRICT OF SOUTH CAROLINA

|  |  |
| --- | --- |
| IN RE:(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)                                              DEBTOR(S)Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any): \_\_\_\_\_\_  | CASE NO: CHAPTER 12 CHAPTER 12 NOTICE OF HEARING AND CERTIFICATION OF DEBTOR INFORMATION REQUESTING HARDSHIP DISCHARGE |

To the Trustee and all creditors and parties in interest:

(Name of filer) has filed papers with the court to request a discharge pursuant to 11 U.S.C. § 1228(b) in the above case.

             **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 grant the debtor(s) a discharge or if you have any reason to believe that the provisions of 11 U.S.C. § 522(q)(1) apply to this debtor or that there is pending any proceeding in which the debtor may be found guilty of a felony of the kind described in 11 U.S.C. § 522(q)(1)(A) or liable for a debt of the kind described in 11 U.S.C. § 522(q)(1)(B), or you want the court to consider your views on this Certification or Notice, then within fourteen (14) 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 you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in this Certification or Notice and may enter an order granting that relief prior to the scheduled hearing date, if determined to be appropriate.

|  |  |
| --- | --- |
| Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Signature of Attorney/Pro Se Debtor |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Typed Printed Name |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Address/Telephone/Facsimile/E-mail |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District Court I.D. Number |
|   |  |