UNITED STATES BANKRUPTCY COURT

DISTRICT OF SOUTH CAROLINA

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| 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:    NOTICE OF HEARING |

NOTICE OF [MOTION TO] [OBJECTION TO]

(Name of filer) has filed papers with the court to [relief sought in motion or objection].

**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 motion or objection], or if you want the court to consider your views on the [motion] [objection], then within (\_\_\_\_) 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 the [motion] [objection] and may enter an order granting that relief prior to the scheduled hearing date, if determined to be appropriate.

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