|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fill in this information to identify your case** | | | | | |
| **UNITED STATES BANKRUPTCY COURT DISTRICT OF COLORADO** | | | | | |
| Debtor 1: |  |  |  | Case #: |  |
|  | First Name | Middle Name | Last Name |  |  |
| Debtor 2: |  |  |  | Chapter: |
|  | First Name | Middle Name | Last Name |  |  |

**Local Bankruptcy Form 4001-1.1**

**Notice of Motion for Relief from Stay and Opportunity for Hearing**

**Complete applicable sections.**

|  |  |
| --- | --- |
| Part 1 | **Objection Deadline** |

Objection deadline: **[month/day/year]**.

|  |  |
| --- | --- |
| Part 2 | **Notice** |

NOTICE IS HEREBY GIVEN that a Motion for Relief from Stay has been filed, a copy of which is attached hereto.

A hearing on the Motion has been has been set for **[month/day/year],** at **[time]** at the U.S. Bankruptcy Court, U.S. Custom House, 721 19th Street, Courtroom **[letter]**, Fifth Floor, Denver, Colorado 80202. The hearing will be conducted in accordance with the provisions of L.B.R. 4001-1.

If you desire to oppose the Motion, you must file with this court a written objection to the Motion on or before the objection deadline stated above and serve a copy upon movant’s attorney, whose address is listed below.

If you file an objection, you are required to comply with L.B.R. 4001-1 regarding hearing procedures, including (i) the timely submission and exchange of witness lists and exhibits and (ii) attendance at the above-scheduled hearing in person or through counsel, if represented.

If you fail to file an objection, the scheduled hearing will be vacated, and an order granting the relief requested may be granted without further notice to you.

|  |  |
| --- | --- |
| Part 3 | **Signature of Movant’s Attorney or Movant (if unrepresented)** |

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Bar Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_