Fill in this information to identify your case				
UNITED S	TATES BANK		ISTRICT OF C	OLORADO
Debtor 1:				Case #:
	First Name	Middle Name	Last Name	
Debtor 2:				Chapter:
	First Name	Middle Name	Last Name	

## Movant's Certificate of Non-Contested Matter and Request for Entry of Order

Complete applicable sections.

Part 1 Certificate

On

\_\_\_\_ [month/day/year], \_\_

\_\_\_\_ [name of movant] (the

"Movant"), filed a motion or application pursuant to L.B.R. 2002-1 or 9013-1 entitled, \_\_\_\_\_\_\_[title of motion or application] (the "Motion") at docket no. \_\_\_\_\_ [#]. Movant hereby certifies that the following is true and correct:

- Service of the Motion, Notice, and Proposed Order were timely made on all parties against whom relief is sought and those otherwise entitled to service pursuant to the Federal Rules of Bankruptcy Procedure and the Court's Local Rules as is shown on the Certificate of Service, L.B.F. 9013-1.2, previously filed with the Motion on [month/day/year].
  - a. [complete if applicable] Mailing or other service of the Notice was timely made on all other creditors and parties in interest pursuant to L.B.R. 2002-1 and 9013-1 (or in the manner permitted by Court order, a copy of which is attached), as is shown on the Certificate of Service, L.B.F. 9013-1.2, previously filed with the Notice on [month/day/year].
- 2. The docket numbers for each of the following relevant documents are:
  - a. the Motion and all documents attached thereto and served therewith, docket no., \_\_\_\_\_ [#];
  - b. the Notice, docket no., \_\_\_\_ [#];
  - c. the Certificate of Service of the Motion and the Notice, docket no., \_\_\_\_\_ [#];
  - d. the Proposed Order, docket no., \_\_\_\_\_ [#]; and
- 3. No objections to or requests for hearing on the Motion were received by the undersigned, or filed with the Court by the date designated in the Notice, or all objections have been resolved by Court order, docket no., \_\_\_\_\_ [#].

Accordingly, Movant requests that the Court enter an order granting the requested relief.

## Part 2 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: \_\_\_\_\_