

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
\_\_\_\_\_ Division

In re \_\_\_\_\_  
\_\_\_\_\_  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

Last four digits of Social-Security (SSN) No(s).: \_\_\_\_\_  
Last four digits of Individual Taxpayer-Identification (ITIN) No(s).: \_\_\_\_\_  
Employer Tax-Identification (EIN) No(s).: \_\_\_\_\_

**NOTICE OF HEARING ON DISCLOSURE STATEMENT**

PLEASE TAKE NOTICE THAT on \_\_\_\_\_, \_\_\_\_\_  
filed with the Court a proposed Plan of Reorganization and a proposed Disclosure Statement in  
connection with such Plan.

You may make a written request to the attorney of the plan proponent for a copy of the  
Disclosure Statement and/or Plan at the following mailing address:

**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 object to the adequacy of the information contained in the Disclosure Statement,  
wish to request proposed modifications thereto, or would otherwise want the Court to consider  
your views on the Disclosure Statement, then on or before \_\_\_\_\_  
you or your attorney must:

- a. File with the Court at the address shown below, a written response pursuant to Local  
Bankruptcy Rule 9013-1(G). If you mail your response to the Court for filing, you  
must mail it early enough so the Court will **receive** it on or before the date stated  
above.

Clerk of Court  
United States Bankruptcy Court  
\_\_\_\_\_  
\_\_\_\_\_

- b. You must also serve a copy upon the debtor(s) and such other parties as required by  
Federal Rule of Bankruptcy Procedure 3017(a).

- c. Attend the hearing scheduled to be held to consider the adequacy of the information contained in the Disclosure Statement.

***Date:***

***Time:***

***Location:***

Pursuant to Local Bankruptcy Rule 9013-1, if you or your attorney do not take these steps, the Court may deem any opposition waived, treat the Disclosure Statement as conceded, and enter an appropriate order granting the relief requested.

Date: \_\_\_\_\_

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

Counsel/Pro Se

Address:

State Bar Number *[If applicable]*:

Telephone Number:

**PROOF OF SERVICE**

\_\_\_\_\_  
Counsel for Plan Proponent

Date: \_\_\_\_\_