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| --- | --- |
| *(Attorney Name)*  *(Firm Name)*  *(Address)*  *(City, State, Zip)*  Telephone:  *(Telephone Number)*  Fax:  *(Fax Number)*  Email: *(Email Address)*  Attorney for: *(Client Name)* | AK LBF 2  [11/15] |

**UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF ALASKA**

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| In re:  *(Debtor’s Name)* and  *(Joint Debtor’s Name)*,  Debtor(s). |  | Case No. *(Case Number)*  Chapter*(Chapter Number)*  **Notice of Motion for**  **Relief From Stay** |

Notice is hereby given that *(Creditor Name)* has moved for relief from stay pursuant to 11 U.S.C. § 362(d) upon property described as:  *(Description)*

The basis for relief from stay is:  *(Basis)*

The original motion was filed *(Date)* with the Clerk of the U.S. Bankruptcy Court, Old Federal Building, 605 West Fourth Avenue, Suite 138, Anchorage, Alaska 99501-2253.

**Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this case.**  **(If you do not have an attorney, you may wish to consult one.)** You have until *(Date)*  , within which to file written objections to the motion. SHOULD YOU FAIL TO FILE AN OBJECTION, THE COURT MAY GRANT THE MOTION FOR RELIEF FROM STAY WITHOUT A HEARING AND WITHOUT FURTHER NOTICE.

If objections are filed, a hearing must be held by *(Date) ,* or relief from stay will occur automatically under 11 U.S.C. § 362(e). ALTHOUGH ANY PARTY MAY REQUEST A HEARING ON AN OBJECTION TO A MOTION FOR RELIEF FROM STAY, THE PARTY DESIRING THE STAY TO REMAIN IN EFFECT MUST REQUEST A HEARING AND BE CERTAIN THAT THE HEARING IS HELD WITHIN THIRTY (30) DAYS OF THE MOTION. Objections shall be sent to the Clerk of the Bankruptcy Court with copies to creditor's counsel at the addresses set forth above. If you cannot attend the hearing in person, you may call the U.S. Bankruptcy Court In-Court Deputy Clerk at (907) 271-2640, at least three (3) business days in advance of the hearing to request telephonic attendance.

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|  | Dated: *(Date)* |  |
|  |  | *(Firm Name)*  Attorney for *(Client Name)*  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Attorney Name)* |