

# United States Bankruptcy Court

\_\_\_\_\_  
District of \_\_\_\_\_

In re

Bankruptcy Case No. \_\_\_\_\_

**Debtor**

**Plaintiff**

Adversary Proceeding No. \_\_\_\_\_

**Defendant**

## SUMMONS IN AN ADVERSARY PROCEEDING

YOU ARE SUMMONED and required to submit a motion or answer to the complaint which is attached to this summons to the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall submit a motion or answer to the complaint within 35 days.

Address of Clerk

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney

If you make a motion, your time to answer is governed by Bankruptcy Rule 7012.

**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**

\_\_\_\_\_  
*Clerk of the Bankruptcy Court*

\_\_\_\_\_  
*Date*

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

*Deputy Clerk*

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, certify that I am, and at all times during the service  
(name)  
of process was, not less than 18 years of age and not a party to the matter concerning which service of  
process was made. I further certify that the service of this summons and a copy of the complaint was made  
\_\_\_\_\_ by:  
(date)

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:

Residence Service: By leaving the process with the following adult at:

Publication: The defendant was served as follows: [Describe briefly]

State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_,  
as follows: [Describe briefly] (name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

\_\_\_\_\_  
Date Signature

|                  |       |     |
|------------------|-------|-----|
| Print Name       |       |     |
| Business Address |       |     |
| City             | State | Zip |