

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TENNESSEE**

**In re** \_\_\_\_\_ **Bankruptcy Case No.** \_\_\_\_\_  
**Debtor(s).** \_\_\_\_\_ **Chapter** \_\_\_\_\_  
**Plaintiff(s).** \_\_\_\_\_ **Adversary Proceeding No.** \_\_\_\_\_  
**Defendant(s).** \_\_\_\_\_

**SUMMONS AND NOTICE OF PRETRIAL CONFERENCE  
IN AN ADVERSARY PROCEEDING**

**TO:** Name of Defendant to be served:

**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.

The Western District of Tennessee requires electronic filing by attorneys in cases assigned to ECF (Electronic Case Filing). This is an ECF case. Documents should be filed via the Internet by attorney parties who have access to the electronic database. Attorneys who do not have access to file electronically, via ECF, must tender filings to the appropriate divisional Clerk's office on disc or cd, in pdf format. Non attorney filers, may tender filings on paper at the appropriate divisional Clerk's office. Attorneys may obtain an ECF login and password via this Court's website: <http://www.tnwb.uscourts.gov/TNW/AttorneyECF.aspx> If  
 additional assistance is needed, contact the Clerk's office: <http://www.tnwb.uscourts.gov/TNW/ContactUSMail.aspx>.

Plaintiff's attorney will receive automatic electronic notice of your answer when it is filed electronically with the court.

<b>Name, address, and e-mail</b>	<b>(Plaintiff's Attorney Name)</b>
<b>address of Plaintiff's Attorney:</b>	<b>(Street Address, Plaintiff's Attorney)</b>
	<b>(City, State, and ZIP - Plaintiff's Attorney)</b>
	<b>(e-mail address - Plaintiff's Attorney)</b>

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

**YOU ARE NOTIFIED** that a pretrial conference of the proceeding commenced by the filing of the complaint will be held at the following time and place:

Address <b>UNITED STATES BANKRUPTCY COURT</b> <b>200 Jefferson Avenue</b> (Drop down boxes for Memphis <b>Memphis, TN 38103</b> address or Jackson and for ctrm)	Room (Ctrm #) <hr/> (Date and Time)
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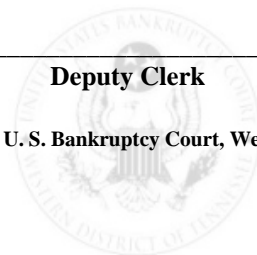
**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**

**Travis D. Green**  
**Clerk of the Bankruptcy Court**

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

**By:** \_\_\_\_\_  
**Deputy Clerk**

(This summons has been reproduced electronically. Questions about its authenticity should be directed to the U. S. Bankruptcy Court, Western District of TN.)



**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TENNESSEE**

**In re**

**Bankruptcy Case No.**

**Debtor(s).**

**Chapter**

**Adversary Proceeding No.**

**Plaintiff(s).**

**Defendant(s).**

**CERTIFICATE OF SERVICE  
SUMMONS AND NOTICE OF PRETRIAL CONFERENCE IN AN ADVERSARY PROCEEDING**

I, \_\_\_\_\_(Name) , certify that I am, and at all times during the service 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 \_\_\_\_\_(Date) by:

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

( ) **Electronic Service (in a manner consistent with F.R.C.P. 5(b)(2)(D):**

( ) **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]**

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

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

\_\_\_\_\_  
*Signature*

Print Name
_____
Business Address
_____
City
State
Zip