UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW HAMPSHIRE

In re:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Case No. \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Debtor. Chapter \_\_\_\_\_\_

NOTICE OF HEARING ON ADEQUACY OF (AMENDED) DISCLOSURE STATEMENT DATED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take notice that on [insert date and time of hearing], a hearing on the adequacy of the (Amended) Disclosure Statement Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Disclosure Statement”) will be held before the Hon. Kimberly Bacher, or any judge that may be sitting in that judge’s place, at **either** the United States Bankruptcy Court, Courtroom [insert courtroom location], Warren B. Rudman U.S. Courthouse, 55 Pleasant Street, Concord, New Hampshire, or via Zoom as described below.

**To appear by Zoom via video, go to this link: https://www.zoomgov.com and then enter the Meeting ID and Passcode listed below.**

**To appear by Zoom using a telephone, call Zoom for Government at 1-646-828-7666 or 1-669-254-5252 and then enter the Meeting ID and Passcode listed below.**

**The Meeting ID for this hearing is 160 462 2499, and the Passcode is 760398. The Meeting ID and Passcode can also be found on the court’s website.**

Parties may request a copy of the Disclosure Statement, in writing, from the undersigned.

Objections to the Disclosure Statement must be filed no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the Clerk, United States Bankruptcy Court, Warren B. Rudman U.S. Courthouse, 55 Pleasant Street, Room 200, Concord, NH 03301, with a copy to the undersigned at the address set forth below, to the United States Trustee, the chapter 11 trustee, if applicable, and to all other interested parties, and a certificate of such action must be filed with the clerk. If you file an objection or response, you must also appear at the hearing on the date and time set forth above.

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

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_