

UNITED STATES BANKRUPTCY COURT
Southern District of Indiana

| | | |
|--------------|---|-------------------|
| In re: _____ |) | |
| |) | |
| Debtor(s) |) | Case Number _____ |
| |) | |

MOTION FOR EXTENSION OF TIME

Comes now _____ and request(s)
(Name of party requesting relief, by counsel if applicable)

an extension of time to submit the following:

[List the item(s) you require additional time to submit]

and in support of this motion, state(s):

[State why the extension is needed and when the above items are reasonably expected to be filed]

WHEREFORE, _____ ask(s) the Court
(Name of party requesting relief)
to grant this motion and for all other proper relief

Signature of filing party

Signature of joint filing party (as applicable)

OR

/s/ _____
Counsel for Moving Party

Address: _____

Area code and phone: _____

E-mail address: _____

CERTIFICATE OF SERVICE

By signing below I understand that a copy of this document will be sent to the United States Trustee and the case trustee through the Court's Electronic Case Filing system.

I further certify the foregoing was served on _____ on the following by the method indicated below.
(date)

| <u>Name of Party/Parties</u> | <u>Address</u> (list full address, room/suite numbers, zip codes, etc.) | <u>Method of Service</u> (see Note re: Rule 7004) |
|-------------------------------------|---|---|
| | | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Regular Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Regular Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Regular Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Regular Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Other: _____ |

(List additional addresses on a separate sheet and attach.)

Date: _____

Signature of filing party

Signature of joint filing party (as applicable)

OR

/s/ _____
Counsel for Moving Party

(Note: Service must comply with Federal Rule of Bankruptcy Procedure 7004.)