

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII**

**In re**

Bankruptcy Case No.

Debtor(s)

Plaintiff(s)  
(et al.)

Adversary Proceeding No.

Defendant(s)  
(et al.)

**SUMMONS AND NOTICE OF TRIAL  
IN AN ADVERSARY PROCEEDING ( Amended)**

**YOU ARE SUMMONED** and required to submit a motion or answer to the attached complaint to the clerk of the bankruptcy court at the address below 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. If you make a motion, your time to answer is governed by Rule 7012 of the Federal Rules of Bankruptcy Procedure.

<i>Address of Clerk:</i> United States Bankruptcy Court District of Hawaii 1132 Bishop Street, Suite 250 Honolulu, Hawaii 96813
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At the same time, you must also serve a copy of the motion or answer upon the Plaintiff's attorney.

<i>Name and Address of Plaintiff's Attorney:</i>
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A scheduling conference has already been held in this proceeding. Trial is scheduled to commence at the location, date and time noted below.

<i>Address:</i> Courtroom, 3rd Floor United States Bankruptcy Court District of Hawaii 1132 Bishop Street, Suite 250L Honolulu, Hawaii 96813
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*Date:*

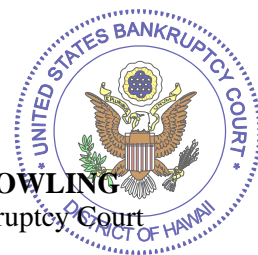
*Time:*

**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.**

Issued by:

Date of Issuance:  
(date of filing)

**MICHAEL B. DOWLING**  
Clerk of the Bankruptcy Court



In re

Debtor(s)

Bankruptcy Case No.

Adversary Proceeding No.

Plaintiff(s)

vs.

Defendant(s)

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_ (name), certify that 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:

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

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

Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant 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]

If service was made by personal service, by residence service, or pursuant to state law, I further 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.

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name : \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_