**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE DISTRICT OF MARYLAND  
at** Choose an item.

|  |  |
| --- | --- |
| IN RE:  Debtor | Case No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chapter \_\_\_\_\_\_\_ |
| Plaintiff/Movant  vs.  Defendant/Respondent | Adversary No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  if appropriate |

**ORDER APPOINTING RESOLUTION ADVOCATE**

This\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(insert adversary proceeding name of dispute in main case)

having been assigned to the Bankruptcy Dispute Resolution Program of this district, the following are hereby appointed as Resolution Advocate and Alternate Resolution Advocate:

RESOLUTION ADVOCATE: ALTERNATE:

Name Name

Address Address

City, State, Zip City, State, Zip

Telephone Telephone

This matter concerns:

Dischargeability Objection to Claim Lien Avoidance

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Special Instruction from the court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*\*The attorneys for the parties are:

Attorney for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Name Name

Address Address

City, State, Zip City, State, Zip

Telephone Telephone

The Resolution Advocate is serving on a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_basis. If the Resolution Advocate is acting as a Compensated Resolution Advocate, following application and approval, compensation will be paid by the following terms:

\_\_\_\_\_\_\_\_\_\_% From Plaintiff

\_\_\_\_\_\_\_\_\_\_% From Defendant

\_\_\_\_\_\_\_\_\_\_% From the Bankruptcy Estate.

The Parties are to comply with the provisions of Local Bankruptcy Rule 9019-2. All individual parties, and representatives with authority to negotiate and to settle the Matter on behalf of parties other than individuals, most personally attend the BDRP conference unless excused by the Resolution Advocate for case. Willful failure to attend the BDRP conference and other violations of this order may result in the imposition of sanctions by the court. The BDRP conference is to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Counsel for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shall mail a copy of this order to the assigned Resolution Advocate, the Alternate Resolution Advocate, and al parties to the dispute and file a proof of such service within seven (7) days from the date of this Order.

cc:

**End of Order**

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, I reviewed the court’s CM/ECF system and it reports that an electronic copy of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be served electronically by the court’s CM/ECF system on the following:

Name of Trustee, Chapter 7/13

Name of Attorney

Name of Attorney

I hereby further certify that on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, a copy of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was also mailed first class, postage prepaid to:

Name of Party

Address of Party

City, State Zip

Name of Party

Address of Party

City, State Zip

Name of Party

Address of Party

City, State Zip

Signature

[Type or print your name]