

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
_____ DIVISION**

In re:
John and Mary Doe,
Debtors

§
§
§

Case No 14-xxxxx

**NOTICE AND APPLICATION FOR
WITHDRAWAL FROM SAVINGS FUND**

THIS NOTICE AND APPLICATION SEEKS RELIEF THAT MAY ADVERSELY AFFECT YOU. IF YOU OPPOSE THE APPLICATION, YOU SHOULD IMMEDIATELY CONTACT THE MOVING PARTY TO RESOLVE THE DISPUTE.

IF YOU AND THE MOVING PARTY CANNOT AGREE, YOU MUST FILE A RESPONSE AND SEND A COPY TO THE MOVING PARTY. YOU MUST FILE AND SERVE YOUR RESPONSE WITHIN **14** DAYS OF THE DATE THIS APPLICATION WAS FILED. YOUR RESPONSE MUST STATE WHY THE APPLICATION SHOULD NOT BE GRANTED. IF NO PARTY FILES AN OBJECTION, THE RELIEF IS DEEMED GRANTED ON THE 15TH DAY UNLESS AN ORAL HEARING HAS BEEN SET BY THE COURT. IF EMERGENCY RELIEF IS REQUESTED BELOW, THE COURT MAY CONSIDER THE RELIEF AT AN EARLIER DATE.

REPRESENTED PARTIES SHOULD ACT THROUGH THEIR ATTORNEY.

Name of Debtor(s) filing this Application: _____.

Total amount on deposit in Savings Fund as of the date of the application.	\$
Amount of requested withdrawal.	\$
Date on which withdrawal is required.	
Total of all other savings held by Debtors.	\$
If the funds are withdrawn, for what will the funds be used?	
Describe, in detail, why it is necessary to spend the funds. Attach additional pages if required.	
Describe any other information that should be considered by the Court in determining whether to allow the withdrawal. Attach relevant invoices and other documents.	
Lists dates and amounts of any previous withdrawals.	

[SIGNATURE BLOCK BY ATTORNEY OR PRO SE DEBTOR]

CERTIFICATE OF SERVICE

Service of this application was made only by electronic means through the Court's CM/ECF system. Copies of the application will not be mailed.

Date: _____