

UNITED STATES BANKRUPTCY COURT
DISTRICT OF COLUMBIA

In re:

Debtor(s).

Case No. _____-ELG

Chapter ____

MOTION TO TERMINATE MORTGAGE MODIFICATION PROGRAM

PLEASE TAKE NOTICE that no hearing will be conducted on this matter unless a written objection is filed with the Clerk of the United States Bankruptcy Court at on or before [Insert DATE] that is at least fourteen (14) days from the date of service of this document.

Any objection shall be in writing and filed with the Clerk care of the United States Bankruptcy Court, 333 Constitution Avenue, NW, Room 1225, Washington, DC 20001 and shall be served upon Movant(s) and any counsel for the Movant(s) prior to the objection deadline set forth herein. If a timely objection is filed, the Court shall set a hearing on this matter.

Notice of that hearing will be served only on any party filing a written objection. Any party that does not file a written objection shall be deemed to have consented to the relief sought herein and the Court may enter an order granting the relief sought or the noticed action may be taken.

_____ hereby requests that the Court terminate the approval for the above-captioned Debtor(s)' participation in the Mortgage Modification Program¹ in this case, and in support thereof states as follows:

1. On _____, this Court entered an order granting Debtor(s)' Motion to Commence the Mortgage Modification Program (hereinafter "MMP Order").
2. Pursuant to the Mortgage Modification Program Procedures, the MMP Period will expire one-hundred twenty (120) days after the entry of the MMP Order absent further order of the Court. In the instant case, the MMP Period is set to expire on _____.
3. _____ is seeking to immediately terminate the Mortgage Modification Program in the instant case for the following reasons:

¹ Terms not defined herein shall have the meaning ascribed to them in the Mortgage Modification Program Procedures adopted pursuant to Local Bankruptcy Rule 6004-3.

Wherefore, _____ requests that the Court immediately terminate the Mortgage Modification Program in the instant case.

Respectfully submitted,

Dated:	_____ Signature of attorney/pro se party
	_____ Name, Bar Number (if applicable)
	_____ Firm (if applicable)
	_____ Address
	_____ Address
	_____ Telephone
	_____ Email Address

Certificate of Service

I hereby certify that on ___ of ___, 202_, a true and correct copy of the foregoing pleading was served via _____ on _____.

Dated:	_____ Signature of attorney/pro se party
	_____ Name, Bar Number (if applicable)
	_____ Firm (if applicable)
	_____ Address
	_____ Address
	_____ Telephone
	_____ Email Address