

SAMPLE

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF ALABAMA

IN RE:

CHAPTER 13

CASE No. _____

NAME [include both Debtors if jointly filed bankruptcy case],

Debtor(s).

PURSUANT TO M.D. ALA., LBR 9007-1, THIS FILING WILL BE TAKEN UNDER ADVISEMENT BY THE COURT AND MAY BE GRANTED/APPROVED UNLESS A PARTY IN INTEREST FILES A RESPONSE WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF SERVICE. RESPONSES MUST BE SERVED UPON THE MOVING PARTY AND, IN THE MANNER DIRECTED BY M.D. ALA., LBR 5005-4, FILED WITH THE CLERK ELECTRONICALLY OR BY U.S. MAIL ADDRESSED AS FOLLOWS: CLERK, U.S. BANKRUPTCY COURT, ONE CHURCH STREET, MONTGOMERY, AL 36104.

MOTION TO APPROVE COMPROMISE OR SETTLEMENT

COMES NOW, _____, and moves this Honorable Court to approve the settlement of the debtor(s) _____ [type of lawsuit] lawsuit, and as grounds for said motion, states as follows:

STATE FACTS (such as xyz was employed by debtor(s) and on 00/00/02 a [type of lawsuit] entitled [plaintiffs v. [defendant] was filed on 00/00/02 in the Circuit Court of xyz, County, case no. _____. A settlement has been reached [elaborate]. (All medical providers listed here must be noticed in the Certificate of Service below.) A copy of the settlement is attached. (One page settlement worksheet will suffice.)

WHEREFORE, the above premises considered, the _____ moves this Honorable Court to approve the debtor(s) [type of lawsuit] settlement so that [name of attorney] may release the proceeds to the Trustee to pay any exempt amount to the debtor(s) and the remainder to the debtor's unsecured creditors in accordance with the confirmed plan. The undersigned will file a separate application for approval of fees and reimbursement of expenses.

SAMPLE

Respectfully submitted this _____ day of _____ 20__.

(Name of Attorney)

ADDRESS
PHONE AND FAX #'S
EMAIL

CERTIFICATE OF SERVICE

I hereby certify that on this date, a true and correct copy of the foregoing MOTION TO APPROVE COMPROMISE OR SETTLEMENT was served as follows:

By CM/ECF:

(Name), Debtor(s) Bankruptcy Attorney
Email address

Sabrina L. McKinney, Standing Chapter 13 Trustee
13trustee@ch13mdal.com

by First Class Mail, postage prepaid:

Name of Debtor(s)
Address

All Creditors (listed on Creditor matrix in Bankruptcy Case)

Other:

Name and address of Medical Provider(s)

Dated: _____

/s/ _____
[Name of attorney being retained]
Address
Phone
Email