UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT

Certificate of Service for Chapter 13 Plan(s) and Notices of Hearing

Fill in this information to identify your case:

Debtor 1* First Name | Middle Name | Last Name

Debtor 2* Spouse, if filing First Name | Middle Name | Last Name

Case number (If known)

*For purposes of this Chapter 13 Plan, "Debtor" means "Debtors" where applicable.

This Certificate of Service should be used in connection with the service of Chapter 13 Plans (initial, amended, or modified) and Notices of Chapter 13 Plan Confirmation Hearings or Notices of Hearing Regarding Motions to Modify Confirmed Plans in accordance with Interim Local Bankruptcy Rule 3015-2(c) and (d).

I hereby certify that true and correct copies of the following document(s) were served pursuant to Fed. R. Bankr. P. 2002(a), and (b), 3015(d), and Local Bankruptcy Rule 3015-2(c) and (d), in the manner stated below. Check all that apply:

☐ Initial Chapter 13 Plan	ECF#:	☐ Notice of Chapter 13 Plan Confirmation Hearing	ECF#:
☐ ____ Amended Chapter 13 Plan (Indicate 1st, 2nd, etc.)	ECF#:	☐ Notice of Hearing on Motion to Modify Plan	ECF#:
☐ Motion to Modify a Confirmed Chapter 13 Plan	ECF#:	☐ Modified Chapter 13 Plan	ECF#:

1. **SERVED VIA NOTICE OF ELECTRONIC FILING (NEF)**: Pursuant to this Court's Administrative Procedures for Electronic Case Filing (Appendix A), the foregoing documents will be or were served using the Court's CM/ECF system via NEF with an embedded hyperlink to the documents. On (date) , I will confirm the CM/ECF docket for this bankruptcy case and will confirm that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

☐ Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:

On (date) , I served the following persons and/or entities at the last known addresses in this bankruptcy case by placing a true and correct copy of the foregoing documents in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows:

☐ Service information continued on attached page

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (date) , I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email with the foregoing documents as follows:

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Date	Printed Name	Signature