**VTB Form SL-1**

**9/20**

**UNITED STATES BANKRUPTCY COURT**

**DISTRICT OF VERMONT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In re:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chapter \_\_**

 **Debtor(s). Case # \_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notice Of Participation in Student Loan Management (SLM) Program**

**Under Default Procedure**

The above-named Debtor elects to participate in the District of VermontStudent Loan Management Program (the “SLM Program”) and agrees to comply with the SLM Procedures, including proper service on all Required Parties.

The Debtor acknowledges the automatic stay established by 11 U.S.C. § 362(a) is modified to the extent necessary to facilitate the SLM and requests that the Court enter the attached Form of Order, and commits to participate in the SLM Program in good faith.

**IF YOU OPPOSE PARTICIPATION IN THE SLM PROGRAM**, you must file a written response with the Clerk of the Court specifying your opposition **on or before 4:00 p.m. on [*a date that is no less than seven (7) days prior to the hearing date*].** You must also serve a copy of your response onthe Debtor, the Debtor’s counsel, the United States trustee, the case trustee, if any, and in a chapter 11 case, the Creditors’ Committee and its counsel or, if no committee is appointed, then upon the 20 largest unsecured creditors. Addresses for those parties are set forth below.

 **IF A RESPONSE IS TIMELY FILED**, the Court will hold a hearing at [time] on [date] at the following location [*indicate Rutland, Burlington, or remote location*], unless the Court deems no hearing is necessary and enters an order prior to the time set for hearing.

**IF NO RESPONSE IS TIMELY FILED**, the Court **may** deem the matter unopposed and grant the request without further hearing. However, even if there is no response, the hearing shall proceed and the Movant must appear, unless the Court has entered an order before the hearing date.

 Counsel for the Debtor

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dated: Name

At: Address