

**Note to attorneys: When docketing the notice of hearing in CM/ECF, choose Courtroom 1204 for hearing location.**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
\_\_\_\_\_ DIVISION

In re: \_\_\_\_\_ : Case No.: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
Debtor(s). : Chapter 7  
: \_\_\_\_\_

**NOTICE OF HEARING  
ON REAFFIRMATION AGREEMENT**

The Debtor and \_\_\_\_\_ have executed and filed with the Court a reaffirmation agreement (hereinafter the “Reaffirmation Agreement”).

**The Court shall hold a hearing to consider the Reaffirmation Agreement on \_\_\_\_\_ at \_\_\_\_\_. The hearing will be held virtually.** Please follow these instructions to participate in the hearing:

Parties should attend the hearing via Judge \_\_\_\_\_’s Virtual Hearing Room. The Zoom works best on a desktop or laptop computer but may also be used on a phone or tablet. The Zoom link can be found at the Virtual Hearing Room link on the Court’s webpage at: <https://www.ganb.uscourts.gov/dial-and-virtual-bankruptcy-hearing-information>

Parties unable to participate in the proceedings virtually via Zoom may participate telephonically at the following number:

US Toll Free Number: \_\_\_\_\_

Meeting ID: \_\_\_\_\_

Note to Debtor(s):

If you are unsure about the reaffirmation agreement process, or have questions about your Reaffirmation Agreement, you can receive free counseling from volunteer attorneys prior to your reaffirmation hearing. Please contact John Mills ([jmills@joneswalker.com](mailto:jmills@joneswalker.com)) or Colin Bernardino ([cbernardino@kilpatricktownsend.com](mailto:cbernardino@kilpatricktownsend.com)) to schedule a counseling session via telephone, or Zoom, not later than 5 business days prior to your hearing date. If you are unable to meet with a volunteer attorney in advance of the hearing, free counseling will be available via Zoom at 9:00 a.m. on the same day as your hearing. To receive the counseling, join the Zoom hearing at 9:00 a.m. and let the courtroom deputy know that you are interested in attending a counseling session.

Dated: \_\_\_\_\_ (signature) \_\_\_\_\_  
Attorney’s Name: \_\_\_\_\_  
Bar No.: \_\_\_\_\_  
Attorney for (Creditor): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_