

UNITED STATES BANKRUPTCY COURT

_____ District of _____

In re Address: Social Security No(s): Employer's Tax Identification No(s). [If any]	Debtor. and all Chapter:
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Notice of Objection to Claim

Type the name you want here has filed an objection to your claim in this bankruptcy case.

Your claim may be reduced, modified, or eliminated. You should read these papers carefully and discuss them with your attorney if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the court to eliminate or change your claim, then on or before [date], you or your attorney must:

[File with the court a written request for a hearing (or if the court requires a written response, an answer, explaining your position) at:

(address of the bankruptcy clerk's office)

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

You must also mail a copy to:

(objector's attorney's name and address)

(names and addresses of others to be served)]

Attend the hearing on the objection, scheduled to be held on [(date), (year) at a.m./p.m. in Courtroom _____, United States Bankruptcy Court (address)]

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

Dated: _____

Signed: _____
Name:
Address: