**LOCAL Form 420A** (8/21)

UNITED STATES BANKRUPTCY COURT

Eastern District of Oklahoma

In Re: Case No.:

Chapter: Debtor(s).

**NOTICE OF MOTION**

**NOTICE OF DEADLINE TO FILE OBJECTION TO MOTION**

**AND NOTICE OF HEARING IF OBJECTION FILED**

, has filed the following Motion with the court:

**YOUR RIGHTS MAY BE AFFECTED.** 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 grant the relief sought in the above−referenced motion, or if you want the court to consider your views on the motion and your objection, then on or before **,**

you or your attorney must file with the court at the address listed below, a written objection explaining your position. If you mail your Objection to the court you must mail it early enough so that the court will receive it on or before the date stated above. **Mail to:**

**United States Bankruptcy Court P.O. Box 1888 Muskogee, OK 74402**

You must also mail a copy to the name and address listed at the bottom of the motion stated above enclosed with this notice unless they are served by electronic notice. You must also attend the hearing scheduled to be held on:

 **,** Choose an item.at

Choose an item.

**IF YOU OR YOUR ATTORNEY DO NOT TAKE THESE STEPS, THE COURT WILL DECIDE THAT**

**YOU DO NOT OPPOSE THE RELIEF SOUGHT IN THE MOTION, WILL ENTER AN ORDER GRANTING THE RELIEF SOUGHT IN THE MOTION AND THE ABOVE−SCHEDULED HEARING WILL BE STRICKEN WITHOUT FURTHER NOTICE.**

**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE EASTERN DISTRICT OF OKLAHOMA**

**IN RE: Case Number**

 **Chapter**

**Debtor(s).**

**CERTIFICATE OF MAILING**

 , does hereby certify that on , true and correct copies of the **Motion and Notice** were mailed with proper postage prepaid to the interested parties listed below and in the manner set forth. YOU MUST SPECIFY: First Class Mail, Rule 7004(b)(4) or (5), or Rule 7004(h).

S/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

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City State Zip

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Telephone and Facsimile

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E-mail Address