**LOCAL Form 420B−2** (8/21)

UNITED STATES BANKRUPTCY COURT

Eastern District of Oklahoma

In Re: Case No.: Chapter:

Debtor(s).

**NOTICE OF OBJECTION TO CLAIM**

**NOTICE OF DEADLINE TO FILE OBJECTION TO CLAIM**

**AND NOTICE OF OPPORTUNITY FOR HEARING**

, has filed the following Objection to Claim with the court:

**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 **,**

you or your attorney must file with the court at the address listed below, a written Response to the objection explaining your position. If you mail your Response, 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 of your Response to the name and address listed at the bottom of the Objection stated above enclosed with this notice unless they are served by electronic notice. If you file a Response, 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 OBJECTION AND, WILL ENTER AN ORDER ACCORDINGLY WITHOUT A HEARING.**

**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 \_\_\_\_\_\_ **and \_\_\_\_\_\_\_\_\_\_** 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

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

City State Zip

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

Telephone and Facsimile

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

E-mail Address