**LOCAL Form 420C−1** (9/21)

UNITED STATES BANKRUPTCY COURT

Eastern District of Oklahoma

In Re: Case No.:

 Chapter:

 Debtor(s).

**NOTICE OF FILING OF AMENDED PLAN**

**NOTICE OF DEADLINE TO FILE OBJECTION TO AMENDED PLAN** **AND NOTICE OF CONFIRMATION HEARING**

, has filed the following Amended Plan with the court on:

A copy of the Amended Plan should be enclosed with this notice.

1. The last day for filing a written objection to the Amended Plan is: **,**
2. If an Objection is filed, you must also mail a copy to the name and address listed at the bottom of the Amended Plan unless they are served by electronic notice. If you mail your Objection to the court, you must mail it early enough so that the court will receive it before the date set forth 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.

**THIS MATTER IS SET FOR PRELIMINARY HEARING. INTERESTED PARTIES SHOULD ATTEND**

**AND BE PREPARED TO PRESENT LEGAL ARGUMENT. THE COURT WILL NOT HEAR TESTIMONY**

**UNLESS THE COURT DIRECTS OTHERWISE. LOCAL RULE 9013(B). IF YOU OR YOUR ATTORNEY DO NOT ATTEND THE HEARING, THE COURT WILL DECIDE THAT YOU DO NOT OPPOSE THE AMENDED PLAN AND, WILL ENTER AN ORDER ACCORDINGLY.**

**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