

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
_____ DIVISION

In re DEBTOR NAME)
) Case No. ____ - ____ - ____
) Chapter 13
)
 Debtor.) Response Due: _____

To: (name and address of claimant)

OBJECTION TO CLAIM

_____, Trustee / Debtor herein, objects to your Claim No. __, in the amount of \$_____, for the following reason(s):

[Insert basis for objection to claim]

THIS OBJECTION SEEKS AN ORDER THAT MAY ADVERSELY AFFECT YOU. IF YOU OPPOSE THE OBJECTION, YOU SHOULD IMMEDIATELY CONTACT THE MOVING PARTY TO RESOLVE THE DISPUTE. IF YOU AND THE MOVING PARTY CANNOT AGREE, YOU MUST FILE A RESPONSE AND SEND A COPY TO THE MOVING PARTY. YOU MUST FILE AND SERVE YOUR RESPONSE WITHIN 21 DAYS OF THE DATE THIS WAS SERVED ON YOU. YOUR RESPONSE MUST STATE WHY THE OBJECTION SHOULD NOT BE GRANTED. IF YOU DO NOT FILE A TIMELY RESPONSE, THE RELIEF MAY BE GRANTED WITHOUT FURTHER NOTICE TO YOU. IF YOU OPPOSE THE OBJECTION AND HAVE NOT REACHED AN AGREEMENT, YOU MUST ATTEND THE HEARING, THE DATE OF WHICH WILL BE SENT TO YOU IF YOU FILE A RESPONSE. UNLESS THE PARTIES AGREE OTHERWISE, THE COURT MAY CONSIDER EVIDENCE AT THE HEARING AND MAY DECIDE THE OBJECTION AT THE HEARING.

REPRESENTED PARTIES SHOULD ACT THROUGH THEIR ATTORNEYS.

/s/ _____
Attorney Name, Fed. & State Bar #
Attorney for Movant/Debtor
Address
City, State, Zip Code
Phone: Fax:
e-mail:

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing document was filed electronically on the ___ day of _____ 2020, with the United States Bankruptcy Court, and has been served on the parties in interest via e-mail by the Court's CM/ECF System as listed on the Court's Electronic Mail Notice List.

I certify that a true and correct copy of the foregoing document was filed electronically with the United States Bankruptcy Court, and has been served by Regular United States Mail Service, first class, postage fully pre-paid, addressed to to the parties listed below on the ___ day of _____, 2020.

/s/ _____
Attorney Name, Fed. & State Bar #
Attorney for Movant/Debtor
Address
City, State, Zip Code
Phone: Fax:
e-mail