UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MISSOURI _____ DIVISION

In re DEBTOR NAME,

Debtor.

Case No.
Chapter

Response Due:	
Hearing Date:	
Hearing Time:	

'S <u>[first, second, etc.]</u> OMNIBUS OBJECTION TO CLAIMS ON THE GROUNDS THAT <u>[see Fed. R. Bankr. P. 3007(e) and (f)]</u>

WARNING: THIS OMNIBUS OBJECTION INCLUDES OBJECTIONS TO MULTIPLE PARTIES' CLAIMS. YOU SHOULD LOCATE YOUR NAME AND CLAIM NUMBER IN THIS OMNIBUS OBJECTION. A written response must be filed with the Clerk, U.S. Bankruptcy Court, 111 South Tenth Street, 4th Floor, St. Louis, Missouri, 63102, and a copy served upon the undersigned by _____ (month, date & year) (i.e. seven (7) days prior to the hearing date on this notice).

Failure to file a timely response may result in the Court granting the relief requested prior to the hearing date. You should read this paper carefully and discuss it with your attorney, if you have one.

The undersigned, Trustee, [counsel for debtor] objects to the following claims for the reasons stated (claimants are listed by last name in alphabetical order):

1.	Claimant: reason that	Claim No , in the amount of	for the
2.	Claimant: reason that	Claim No, in the amount of	for the
3.	Claimant: reason that	Claim No, in the amount of	for the

(If this form will be used for Objections in a Chapter 13 case, the Negative Notice procedures set forth in the Local Rules of Bankruptcy Procedure must be used.)

<u>/s/</u> 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