**LOCAL BANKRUPTCY FORM 3007-1**

**IN THE UNITED STATES BANKRUPTCY COURT**

**FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

|  |  |  |  |
| --- | --- | --- | --- |
| **IN RE:** |  |  |  |
| **Enter text** |  | **CHAPTER** | **Enter text** |
|  | **CASE NO.** | **- -bk-** |
|  | **Debtor(s)** | **ADV. NO.** | **- -ap-** |
|  | **Nature of**  **Proceeding:** | **Enter text** |
| **Enter text** |  | **DOCUMENT No.** | **Enter text** |
|  | **Objector** |
| **vs.** |  |  |  |
| **Enter text** |  |  |  |
|  | **Claimant** |

**TO: Enter text (“Claimant”)**

**NOTICE OF OBJECTION TO CLAIM AND DEADLINE TO REQUEST HEARING DATE**

**Enter text filed an objection to the proof of claim you filed in this bankruptcy case.**

**NOTICE: Your claim may be reduced, modified, or eliminated. You should read this notice and the objection carefully and discuss them with your attorney, if you have one.**

If you do not want the court to enter an order affecting your claim, then on or before **Select date**, (30 days from the date of service), you or your lawyer must file a request for hearing or a written response to the objection explaining your position.

Those not permitted to file electronically must deliver any request for hearing or response by U.S. mail, courier, overnight/express mail, or in person at:

(Select the appropriate address)

|  |  |  |  |
| --- | --- | --- | --- |
|  | 274 Max Rosenn U.S. Courthouse |  | Sylvia H. Rambo U.S. Courthouse |
|  | 197 South Main Street |  | 1501 N. 6th Street, 3rd floor |
|  | Wilkes-Barre, PA 18701 |  | Harrisburg, PA 17102 |

If you mail your request for hearing or response to the court, you must mail it early enough so the court will receive on or before the date stated above.

You must also send a copy of your request for hearing or response to:

|  |
| --- |
| **Enter text** |
| **Enter text** |
| **Enter text** |

(Movant’s attorney’s name and address)

|  |
| --- |
| **Enter text** |
| **Enter text** |
| **Enter text** |

(Names and addresses of others to be served)

**If you or your attorney do not take these steps, the court may decide that you do not oppose the objection to your claim.**

|  |
| --- |
| **Enter text** |
| Attorney for Objector |
| **Enter text** |
| **Enter text** |
| (Address) |
| **Enter text** |
| (Phone) |
| **Enter text** |
| (Facsimile) |
| **Enter text** |
| (Email) |
| **Enter text** |
| (Attorney ID No.) |

Date of Notice: **Select** **date**