

UNITED STATES BANKRUPTCY COURT
Eastern District of Virginia
(Alexandria Division)

In re:)	
)	
<i>[Set forth here all names including married, maiden, and trade names used by debtor within last 8 years.]</i>)	
)	
Debtor.)	Case No. _____
)	
Address _____)	
_____)	
)	Chapter _____
Last four digits of Social Security or Individual Tax-payer Identification (ITIN) No(s), (if any): _____)	
)	
Employer's Tax Identification (EIN) No(s). (if any): _____)	
_____)	

NOTICE OF OBJECTION TO CLAIM

_____ has filed an objection to your claim in this bankruptcy case.

Your claim may be reduced, modified, or eliminated. You should read these papers carefully and discuss them with your attorney, if you have one. (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 lawyer must:

___ File with the court, at the address below, a written response to the objection. **Unless a written response is filed and served by the date specified, the court may decide that you do not oppose the objection to your claim and enter an order sustaining the objection without further notice or hearing.** You must **also** send a copy to the parties listed below. Unless provided below, you will be notified by the party that objected to your claim of a hearing on this matter.

Clerk of Court
United States Bankruptcy Court
200 S. Washington Street
Alexandria, Virginia 22314

If you mail your response to the court for filing, you must mail it early enough so that the court will **receive** it on or before the date state above.

___ Attend the hearing on the objection scheduled to be held on _____
at _____ .m. in Courtroom ____, United States Bankruptcy Court, 200 S. Washington
Street, Alexandria, Virginia 22314.

A copy of your written response must be sent to:

United States Trustee, Region 4
115 S. Union Street, Suite 210
Alexandria, Virginia 22314

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

Date: _____

Signature, name, address and telephone number of
person giving notice:

Virginia State Bar No. _____
Counsel for _____

Certificate of Service

I hereby certify that I have on this ___ day of _____, 20___, mailed or hand-
delivered or electronically sent a true copy of the foregoing Notice of Objection to Claim to the
parties listed on the attached service list.
