UNITED STATES BANKRUPTCY COURT

DISTRICT OF SOUTH CAROLINA

|  |  |
| --- | --- |
| IN RE:(Set forth here all names including married, maiden, and trade names used by debtor within the last 8 years.)                                              DEBTOR(S)Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of Social-Security or Individual Tax-Payer-Identification (ITIN) No(s)., (if any):    \_\_\_\_\_\_\_ | CASE NO: CHAPTER:  |

**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** in this bankruptcy case. (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 within 30 days of service of this notice, you or your lawyer must:

File with the court a written response to the objection, explaining your position, at:

                  1100 Laurel Street
                  Columbia, SC 29201

Responses filed by an attorney must be electronically filed in ecf.scb.uscourts.gov.

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

You must also send a copy to:

                 {objector’s attorney’s name and address}

                 {names and addresses of others to be served}

           Attend the hearing on the objection, scheduled to be heard on (date), (year), at \_\_\_\_ a.m./p.m. at the United States Bankruptcy Court, {address}.

           If no response is timely filed and served, no hearing will be held on this objection, except at the direction of the judge. If you or your attorney do not take these steps, the court may decide that you do not oppose the objection to your claim and may enter an order granting that relief prior to the scheduled hearing date, if determined to be appropriate.

|  |  |
| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Signature of Attorney/Pro Se Debtor |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Typed Printed Name |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Address/Telephone/Facsimile/E-mail |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District Court I.D. Number |
|   |  |