

Filer's Name, Address, Phone, email:

Debtor(s): *[Set forth here all names including married, maiden, and trade names used by debtor within last 8 years.]*

Address:

Last 4 digits of SSN/ITN:

Employer's Tax ID (EIN) No. *(if any)*:

DISTRICT COURT OF GUAM



Case No.:

Chapter:

Hearing Date:
Time:

Response due *[14 days from service of this objection]*

OBJECTION TO CLAIM NO. _____

Objecting Party:

NOTICE OF OBJECTION TO CLAIM

To *[Claimant name/address]*:

An objection to your claim is being filed 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 want the court to eliminate or change your claim, you or your lawyer must file with the court a written response to the objection within 14 days of service of this notice, explaining your position, at the District Court of Guam, 520 W Soledad Ave FL 4, Hagatna, GU 96910.

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 stated above. You must also send a copy to the objecting party at the filer's address noted above.

Attend the hearing on the objection, scheduled to be held on the date and time indicated above.

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 cancel the hearing. If the hearing is canceled, the court may reduce, modify, or eliminate your claim if the objecting party promptly files a declaration and request for entry of an order. If the objecting party wishes to proceed with a hearing in the absence of a response, the objecting party may file a request for the matter to remain on the calendar.

OBJECTION TO CLAIM NO. _____

Claimant name: _____

Column A. Amounts asserted in proof of claim:		Column B. Objecting party asserts claim should be:	
Total amount of claim: <i>(Proof of claim – Box 7)</i>		Total amount of claim:	
Amount of claim that is secured: <i>(Proof of claim – Box 9)</i>		Amount of claim that is secured:	
Amount of claim that is unsecured: <i>(Proof of claim – Box 7 less Box 9)</i>		Amount of claim that is unsecured:	
Unsecured amount entitled to priority: <i>(Proof of claim – Box 12)</i>		Unsecured amount entitled to priority under 11 U.S.C. § 507(a):	

The Objecting Party objects to this claim as filed and that the claim should be treated as described in Column B above or as described below, for the following reason(s). *[Attach additional pages, declarations, or exhibits as necessary.]*

- Disallowed in its entirety.
- Treated as follows:

Date: _____

/s/ _____
[Print name and sign]