

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF KANSAS

In re: \_\_\_\_\_

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_  
\_\_\_\_\_

Chapter \_\_\_\_\_

**NOTICE OF AMENDMENT OF SCHEDULES D, E/F, G OR H (ADDITION OF CREDITOR(S))**

You are hereby notified that the debtor(s) has filed the attached amended schedule(s) of debt to include the creditor listed below. Debtor's counsel must also separately provide you a copy of the debtor(s)' full Social Security Number.

1. Creditor (name and address): \_\_\_\_\_

2. Claim (amount owed, nature of claim, date incurred): \_\_\_\_\_

3. This claim has been scheduled as (mark one):  
 secured       priority       general unsecured.

4. Trustee, if one has been appointed: \_\_\_\_\_

5. Original deadline for filing proofs of claim: \_\_\_\_\_

6. Deadline for filing complaints objecting to discharge of specific debts or of debtor under 11 U.S.C. § 523, 727: \_\_\_\_\_ [Date].

or

This claim was added to the schedules after the deadline for filing complaints stated above.

**Check applicable provision(s) below:**

This is a no-asset case. It is unnecessary to file a claim now. If it is determined there are assets to distribute, creditors will receive a notice setting a deadline to file claims.

This claim was added to the schedules after the deadline for filing claims stated above.

This is a Chapter 13 case. You have until the bar date to file your proof of claim.

A plan in this case was confirmed on: \_\_\_\_\_ [Date].

No plan has been confirmed in this case, but a confirmation hearing is currently set for \_\_\_\_\_ [Date] at \_\_\_\_\_ [Location].

Since the amendment was filed too late to give notice, you may file an objection to either confirmation of the plan or the amendment to the schedules by \_\_\_\_\_ [Date]. If an objection is timely filed, a non-evidentiary preliminary hearing will be scheduled, and notice provided by the Clerk upon expiration of the deadline date.

The final order of discharge was entered on \_\_\_\_\_ [Date] and a copy is attached.

Certificate of Service: I certify the above notice and a separate notice of the full Social Security Number of the debtor(s) was served on the above-named creditor by first class, postage prepaid mail, on \_\_\_\_\_ [Date].

\_\_\_\_\_  
Attorney Signature  
Attorney Name \_\_\_\_\_  
Bar Number \_\_\_\_\_  
Firm Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_  
Debtor Signature (Optional if signed by counsel)  
  
\_\_\_\_\_  
Joint Debtor Signature (Optional if signed by counsel)