

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)