|  |  |
| --- | --- |
| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address | FOR COURT USE ONLY |
| *Debtor(s) appearing without attorney*  *Attorney for*: |
| **UNITED STATES BANKRUPTCY COURT**  **CENTRAL DISTRICT OF CALIFORNIA -***Name Of* **DIVISION** | |
| In re: | CASE NO.:  CHAPTER: |
| **ORDER ON OBJECTIONS TO CLAIMS** |
| DATE:  TIME:  COURTROOM:  PLACE: |
| Debtor(s). |

The Debtor or trustee having filed objections to certain claims, the court having considered the evidence and argument presented in support and in opposition to such objections, if any, and good cause appearing, the court makes the following ruling as to the objections to claims:

*(****NOTES FOR USE OF THIS FORM***: *List claims in ascending numerical order based upon the clerk’s claim number. Use a separate box below for each claim. Attach as many continuation pages as are necessary.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured: $ | Priority: $ |
| Comments: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured: $ | Priority: $ |
| Comments: | | | |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured:$ | Priority: $ |
| Comments: | | | |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured:$ | Priority: $ |
| Comments: | | | |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured:$ | Priority: $ |
| Comments: | | | |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured:$ | Priority: $ |
| Comments: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured: | Priority: $ |
| Comments: | | | |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured: | Priority: $ |
| Comments: | | | |
|  | | | |
| Calendar Number: | | Claim Number: | Claim Amount: $ |
| Claimant Name: | | | |
| Disallowed | Allowed | Unsecured: | Priority: $ |
| Comments: | | | |

###