

Mont. LBF 4. Debtor's Motion to Amend Schedules and Mailing Matrix.

(Attorney for Debtor)
State Bar I.D. Number _____

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MONTANA

In re _____) Case No. _____
)
)
Debtor(s).)

DEBTOR'S MOTION TO AMEND SCHEDULES AND MAILING MATRIX *

The debtor, by counsel, moves the Court for an order as follows:

1. To amend Schedule(s) _____ to add/delete/change the following property/creditors/entries: _____

Copies of revised schedules and summary of assets, liabilities, and exemptions are attached hereto, together with a certificate of service verifying that a copy of the amended list or schedule, the Notice of Bankruptcy Case, Meeting of Creditors, and Deadlines, any order of discharge, any other document filed that affects an added creditor's rights and any notice or order setting or extending any deadlines for filing claims or complaints for determining dischargeability or exceptions to discharge, have been mailed to the added creditor.

This Motion is based upon the grounds that said correction is required because and in order to make Debtor's schedules complete and accurate.

The date for filing objections to discharge is _____.

DATED this ____ day of _____, 200_.

By: _____

CERTIFICATE OF SERVICE

(Must comply with Mont. LBR 9013-1(c), by reflecting the name and address of each party served, and by being signed “under penalty of perjury” and by identifying the documents severed.)

* Reference to the master mailing list is not required unless additional creditors are added or deleted. If mailing list correction is required, provide a supplemental mailing list with only the added creditors. *See* Mont. LBR 1007-2; and Mont. LBR 1009-4.

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Name of Attorney
Address
Phone Number
(Attorney for Debtor)
State Bar I.D. Number _____

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MONTANA

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Debtor(s).)

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This Motion is based upon the grounds that said correction is required because [**state grounds**] and in order to make Debtor's schedules complete and accurate.

The date for filing objections to discharge is _____.

DATED this ____ day of _____, 200_.

By: _____

CERTIFICATE OF SERVICE

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