|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fill in this information to identify your case** | | | | | |
| **UNITED STATES BANKRUPTCY COURT DISTRICT OF COLORADO** | | | | | |
| Debtor 1: |  |  |  | Case #: |  |
|  | First Name | Middle Name | Last Name |  |  |
| Debtor 2: |  |  |  | Chapter: |
|  | First Name | Middle Name | Last Name |  |  |

**Local Bankruptcy Form** **3004-1.1**

**Notice of Filing Proof of Claim**

**Complete applicable sections.**

|  |  |
| --- | --- |
| Part 1 | **Notice** |

This Notice is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[debtor or trustee]** has filed a Proof of Claim on your behalf in this case. A copy of the proof of claim is attached.

|  |  |
| --- | --- |
| Part 2 | **Signature of Trustee, Debtor’s Attorney, or Debtor (if unrepresented)** |

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Bar Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_