

Fill in this information to identify the case:

Debtor 1: _____

Debtor 2
(Spouse, if filing): _____

United States Bankruptcy Court for the: _____ District of: _____

Case number: _____

Proof of Claim Withdrawal Form

(DO NOT USE THIS FORM TO CEASE PAYMENTS FOR A CLAIM PAID IN FULL. PLEASE AMEND YOUR ORIGINAL CLAIM TO SHOW THE TOTAL AMOUNT THAT PAID THE CLAIM IN FULL)

Part 1: Identify the Claim

Creditor Name and Address: Name: _____
Street: _____
City: _____ State: _____ Zip: _____

Court Claim Number
(if known): _____

Date Claim Filed: _____ (mm/dd/yyyy)

Total Amount of Claim Filed: \$ _____

Part 2: Sign And Date

The person completing this form must sign and date it.

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above referenced Debtor.

Signed: _____

Print: _____

Date: _____ (mm/dd/yyyy)