

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

	)	
In re	)	
DITECH HOLDING CORPORATION, et al.	)	Chapter 11, No. 19-10412 (JLG)
	)	
Wind Down Estates.	)	
	)	

**RESPONSE TO CONSUMER CLAIMS TRUSTEE'S SIXTY-SIX OMNIBUS  
OBJECTION TO PROOFS OF CLAM (CLAIM NO. 20880)**

To the **HONORABLE JAMES L. GARRITY, JR.**, Bankruptcy Judge:

Pursuant to applicable sections of the Bankruptcy Code, and the Bankruptcy Rules, Louis S. Robin, a creditor having filed a proof of claims under Docket No. 20880, hereby responds to the Sixty-Sith Omnibus Objection to Proofs of Claims as follows:

The undersigned requested a mortgage modification based upon hardship, for several reasons, particularly medical issues. The debtors misprocessed the application by denying it as it termed the hardships "temporary". The undersigned appealed, and it was again denied characterizing it as "temporary". The undersigned believes that these actions by the Debtor was malfeasance, and during the Chapter 11 case of the Debtor. The damages are based upon the reduced payments that would have been granted if the modification was granted.

True and accurate copies of the hardship letter and appeal stating the hardships are attached hereto.

Dated: December 21, 2020

*/s/ Louis S. Robin*

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Louis S. Robin (BBO 545578)  
Law Offices of Louis S. Robin  
1200 Converse Street  
Longmeadow, Massachusetts 01106  
Tel. No. (413) 567-3131  
Fax No. (413) 565-3131

**CERTIFICATE OF SERVICE**

I hereby certify that the Response to Objection to claims was sent by email transmission to Patrick Feeney, Esq. ([patrick.feeney@weil.com](mailto:patrick.feeney@weil.com)), Clifford Sonkin, Esq., ([cliff.sonkin@weil.com](mailto:cliff.sonkin@weil.com)), Zachary A. Schreiber, Esq. ([zach.schreiber@weil.com](mailto:zach.schreiber@weil.com)), and Mary F. Caloway, Esq. ([mcaloway@pszjlaw.com](mailto:mcaloway@pszjlaw.com)) on December 21, 2020.

/s/ *Louis S. Robin*

## Law Offices of Louis S. Robin

1200 Converse Street  
Longmeadow, Massachusetts 01106  
Telephone (413) 567-3131  
Facsimile (413) 565-3131

Louis S. Robin\*

Attorneys & Counselors  
at Law  
\* Also admitted in New York  
(S.D.N.Y and E.D.N.Y)

February 20, 2019

Ditech Financial LLC  
P.O. Box 6172  
Mail Stop R299  
Rapid City, SD 57709

By Fax (855) 895-4481

Re: 942 Longmeadow Street, Longmeadow, MA 01106; Account No. 37606134

Dear Sirs:

I hereby appeal any denial of my loan modification request.

***My hardships are not “temporary” and default is imminent for the following reasons:***

- I have suffered a heart attack and am under medical care and medication.
- As result of my medical condition described above, I have been advised by my doctor to limit my employment.
- As a result of the limited ability to work, my income has decreased. In my mortgage application, I provided cash flow statements which demonstrated decreasing income since my heart attack, making default imminent
- As a result of my reduced income, I am at risk of imminent default of my mortgage.
- My son is autistic, and resides with us. This causes additional burdens, and causes additional risk of imminent default
- I have additional family requirements, including some as a result the death of a brother from ALS. These are detailed in my original hardship letter.

All of the above were detailed in my hardship letter, but which you did not address in your processing of my mortgage modification application.

February 20, 2019

Ditech Financial LLC

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Please inform me if there is any further information or forms that I need to provide. Your attention to this matter would be appreciated.

Thank you for your attention to this matter.

Sincerely,

*/s/ Louis S. Robin*

Louis S. Robin

LR/bh

## Hardship Affidavit

Louis S. Robin and Ruth S. Robin  
942 Longemadow Street, Longmeadow, MA 01106  
Loan Number: 687800821  
(December 20, 2018)

Our intent is to keep our home.

We have suffered several hardships that have resulted in difficulties in the payment of our mortgage.

First, in mid-February, 2018, I, Louis S. Robin, suffered a heart attack. As an immediate matter, as a sole practitioner, I had limited ability to give attention to matters for 2 - 4 weeks.

Although I have returned to full time practice, as a practical matter, there are long time limits on my hours, and therefore my income is suffering in the long term.

Accordingly, my practice (of Louis S. Robin) has suffered of late in general. Although my income was steady for the first 6 months of 2018, this was primarily the result of efforts and collection of funds arising from 2017. My income has suffered in the last six months of 2018, and this is **permanent**, as my medical providers have directed me to limit efforts. My profit and loss statement for my practice is divided into quarters, and demonstrate a downtrend in income due to my limited abilities.

Second, economic trends have not worked in favor of my practice, and there have been a downturn in recent cases. This is a **long-term change** and I do not see this changing.

Third, I have increased expenses, primarily medical. **This will continue permanently.**

Fourth, our son has autism, and recently returned home due to his age and lack of public support. This has resulted in increased expenses, and this is a **long-term situation** which will not change.

Fourth, our other child, my daughter, is in college. Although she gets significant financial aid, we are responsible for significant expenses which have increased.

Fifth, a younger brother (of Louis S. Robin) recently died from ALS. His family is outside of this area, and we must provide assistance, physical and emotional. This has resulted in additional expenses, and this too **is long term**.

***These long-term permanent issues cause significant hardship requiring a modification of our mortgage. Unless we received relief we will not be able to make our mortgage payments.***

/s/ Louis S. Robin .

/s/ Ruth S. Robin .

**Baystate Medical Center**

759 Chestnut St ~ Springfield MA 01199

**Patient Name**

Louis Robin

**Account Number**

848854945

**Date of Service**

02/14/18 - 02/19/18

**Statement Date**

06/16/2018

**Insurance(s)**

UNITED OPEN ACCESS

**Policy(s)**

\*\*\*\*\*89699

**Amount Due:** \$1,680.95**Three Ways To Pay:**

- 1) Make a payment online by check or credit card at [www.baystatehealth.org/billpay](http://www.baystatehealth.org/billpay)
- 2) Pay by phone at 413-794-9999 or 877-461-1931
- 3) Mail coupon with payment by check

LOUIS ROBIN  
942 LONGMEADOW ST  
LONGMEADOW MA 01106-2234

**Fourth Notice**

Thank you for choosing Baystate Medical Center.

Your account balance is over 90 days past due. Please contact us immediately to make a payment.

If you have questions about this bill or want to inquire about other payment options please call Patient Billing Services at 413-794-9999 or toll free at 877-461-1931. We are available Mon, Wed and Fri, 8:00 a.m. - 4:00 p.m. and for your convenience Tue & Thur until 6:00 p.m.

**Financial Assistance is available. You may be eligible for financial assistance.**

To receive information about Baystate Health's financial assistance policy as well as information about and assistance with the application process you can call the Financial Counseling Department at 413-794-2452; please also see the reverse side of this document with a listing of the financial counselor nearest you. You may also obtain copies of Baystate Health's financial assistance policy, financial application form, and a plain language summary of the financial assistance policy online at <https://www.baystatehealth.org/patients/billing-and-financial-assistance>

Thank you for your prompt attention.

Por favor consulte el dorso de este documento que cuenta con información en español sobre la ayuda económica.

Информация о финансовой помощи на русском языке приводится на оборотной стороне этого документа.

**Summary of Services**

PHARMACY	\$2,554.83
MED/SURG SUPPLIES	\$1,294.35
LAB	\$1,329.22
IMAGING/X-RAY	\$241.96
ANESTHESIA	\$235.08
PT/OT/SPEECH THERAPY	\$310.78
EMERGENCY ROOM	\$1,724.90
CARDIOLOGY	\$9,102.30
ROOM CHARGES	\$14,980.00
<b>Total Charges</b>	<b>\$31,773.42</b>
<b>Payments/Adjustments:</b>	<b>\$30,092.47-</b>
<b>CURRENT AMT DUE:</b>	<b>\$1,680.95</b>

**Baystate Medical Center**

759 Chestnut St ~ Springfield MA 01199

Account Number: <b>848854945</b>	Please Pay This Amount: <b>\$1,680.95</b>
Patient Name: <b>LOUIS ROBIN</b>	Due By: <b>06/23/2018</b>
Make Checks Payable To: Baystate Medical Center	Amount Paid:

Go Green, Pay Online At  
[www.baystatehealth.org/billpay](http://www.baystatehealth.org/billpay)

☐ Check box if your address or insurance information has changed. Please make changes on back.

00021444 001 0.53  
LOUIS ROBIN  
942 LONGMEADOW ST  
LONGMEADOW MA 01106-2234

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BAYSTATE MEDICAL CENTER  
P.O. BOX 415555  
BOSTON, MA 02241-5555

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