

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF ALABAMA

In Re:)
) Case No.:
)
)
 Debtor(s))
)

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS
FOR OTHER THAN AN INDIVIDUAL OWNER OF RECORD**

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a creditor debtor (check one) in the above-referenced bankruptcy case and on whose behalf these funds were deposited.

1.	Name of Claimant(s)	
2.	Name and Title of Authorized Officer or Representative	
3.	Mailing Address (where check is to be mailed)	
4.	Telephone Number (for questions about application)	
5.	Amount Being Claimed	

I, _____, do hereby state under penalty of perjury that I am legally entitled to claim the funds described above. I certify to the best of my knowledge that all information submitted in support of this claim is true and correct.

Date Claimant Signature Joint Claimant Signature

Subscribed and sworn to before me this _____ day of _____.

Notary Public
In and for the State of _____

My commission expires _____

CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required attachments was mailed to:

United States Attorney
Middle District of Alabama
131 Clayton Street
Montgomery, AL 36104

[List name and address of all other parties served]

Date: _____

Signature

Instructions for Filing the Application for Payment of Unclaimed Funds

The court will only disburse unclaimed funds to the rightful owner upon full proof of the right to claim the funds. The following forms and documentation are required:

1. **An Application for Payment of Unclaimed Funds, including the case name and number:**
 - a. The application should be typed, if possible. If you need additional space, please use a separate piece of paper.
 - b. If the funds were deposited for joint claimants, both claimants must sign the application.
 - c. The applicant must have legal standing to make the claim. When the claimant is not the owner of record, the person requesting release of funds must show proper authority.
 - d. Claimant's signature(s) must be notarized.
2. **Certificate of Service showing service of a copy of the application:**
 - a. Upon the U.S. Attorney (U.S. Attorney's mailing address is on the form).
 - b. Upon any other party who may have an interest in the funds.
3. **Required supporting documentation:**
 - a. IRS Form W-9 for claimant. The name or business name on the W-9 must match the claimant's name as shown on the application.

The following **additional** documentation is required:

If the claimant is represented by an attorney or a funds locator:

1. Name, address, and telephone number of the claimant.
2. An original notarized Power of Attorney signed by the claimant on whose behalf the representative is acting.
3. Proof of identity of the representative (can be incorporated into notary statement).
4. Documentation sufficient to establish the claimant's entitlement to the funds.

If claiming on behalf of a deceased party:

1. Copy of the death certificate.
2. Certified copies of probate documents establishing the representative's right to act on behalf of the decedent's estate.
3. Proof of personal identity of the estate administrator (can be incorporated into notary statement).

If the claimant is a corporation/partnership/successor corporation:

1. Application must be signed by an agent for and on behalf of the Corporation/Partnership/Successor Corporation.
2. A notarized statement of the signing agent's authority.
3. If successor corporation, documentation establishing chain of ownership from the original corporate claimant.
4. Proof of representative's identity (can be incorporated in notary statement).

For purchased or assigned claim:

1. Documentation evidencing the transfer of claim or proof of the purchase/sale of assets.

Mail the **original** application to the following address:

U.S. Bankruptcy Court
Attn: Financial Dept.
One Church Street
Ground Floor
Montgomery, AL 36104

Applications received which do not comply with the above requirements may be denied by the court.

Claims will be processed as soon as possible and in the order they are received. If you do not hear anything in 60 days, please call (334) 954-3800.