Debtor 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Middle District of Alabama

Case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fill in this Information to identify the case:**

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| **Form 1340 (12/19)**  **APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS** | | |
| 1. **Claim Information**   For the benefit of the Claimant(s)[[1]](#footnote-1) named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.  Note: If there are joint Claimants, complete the fields below for both Claimants. | | |
| Amount: |  | |
| Claimant’s Name: |  | |
| Claimant’s Current Mailing Address, Telephone Number, and Email Address: |  | |
| 1. **Applicant Information**   Applicant[[2]](#footnote-2) represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):   * Applicant is the Claimant and is the Owner of Record[[3]](#footnote-3) entitled to the unclaimed funds appearing on the records of the court. * Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means. * Applicant is Claimant’s representative (*e.g.,* attorney or unclaimed funds locator). * Applicant is a representative of the deceased Claimant’s estate. | | |
| 1. **Supporting Documentation**   □ Applicant has read the court’s instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application. | | |
| 1. **Notice to United States Attorney**   □ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:  Office of the United States Attorney  Middle District of Alabama  131 Clayton Street  Montgomery, AL 36104 | | |
| **5**. **Applicant Declaration**  Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Applicant  Address:  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **5. Co-Applicant Declaration (if applicable)**  Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Co-Applicant (if applicable)  Address:  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Notarization**  STATE OF  COUNTY OF  This Application for Unclaimed Funds, dated  was subscribed and sworn to before me this day of , 20 by  who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.  (SEAL) Notary Public  My commission expires: | | **6. Notarization**  STATE OF COUNTY OF  This Application for Unclaimed Funds, dated  was subscribed and sworn to before me this day of , 20 by  who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.  (SEAL) Notary Public My commission expires: |

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| **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 documentation was mailed to:  United States Attorney for the Middle District of Alabama  131 Clayton Street  Montgomery, AL 36104  Names and addresses of all other parties served:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Printed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street or P.O. Box  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, and Zip Code |

1. The Claimant is the party entitled to the unclaimed funds. [↑](#footnote-ref-1)
2. The Applicant is the party filing the application. The Applicant and Claimant may be the same. [↑](#footnote-ref-2)
3. The Owner of Record is the original payee. [↑](#footnote-ref-3)