

**Local Official Form 103**

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|---|------------|-------------|-----------|
| <b>Fill in this Information to identify the case:</b>       |            |             |           |
| 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 District of Columbia |            |             |           |
| Case number:  |            |             |           |

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| <b><u>Local Official Form 103</u></b>  |  |
| <b>APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS</b>  |  |
| <b>1. Claim Information</b>  |  |
| For the benefit of the Claimant(s) <sup>1</sup> 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:   |  |
| Reason Funds Were Not Received by Claimant   |  |
| <b>2. Applicant Information</b>  |  |
| Applicant <sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because ( <i>check the statements that apply</i> ):   |  |
| <input type="checkbox"/> Applicant is the Claimant and is the Owner of Record <sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.  |  |
| <input type="checkbox"/> Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.  |  |
| <input type="checkbox"/> Applicant is Claimant's representative ( <i>e.g.</i> , attorney or unclaimed funds locator).  |  |
| <input type="checkbox"/> Applicant is a representative of the deceased Claimant's estate.  |  |

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

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| <p><b>3. Supporting Documentation</b></p> <p><input type="checkbox"/> Applicant has read the Court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.</p>  |   |
| <p><b>4. Notice to United States Attorney</b></p> <p><input type="checkbox"/> 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:</p> <p style="text-align: center;">U.S. Attorney for the District of Columbia<br/>United States Attorney's Office<br/>555 4th Street, NW<br/>Washington, DC 20001</p> |   |
| <p><b>5. Applicant Declaration</b><br/>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.</p> <p>Date: _____</p> <p>_____</p> <p>Signature of Applicant</p> <p>_____</p> <p>Printed Name of Applicant</p> <p>Address:</p> <p>Telephone: _____</p> <p>Email: _____</p>  | <p><b>5. Co-Applicant Declaration (if applicable)</b><br/>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.</p> <p>Date: _____</p> <p>_____</p> <p>Signature of Co-Applicant (if applicable)</p> <p>_____</p> <p>Printed Name of Co-Applicant (if applicable)</p> <p>Address:</p> <p>Telephone: _____</p> <p>Email: _____</p> |

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| <p><b>6. Notarization</b><br/>STATE OF _____<br/><br/>COUNTY OF _____</p> <p>This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____</p> <p>_____ 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.</p> <p>(SEAL)            Notary Public _____</p> <p>                         My commission expires:</p> | <p><b>6. Notarization</b><br/>STATE OF _____<br/><br/>COUNTY OF _____</p> <p>This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____</p> <p>_____ 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.</p> <p>(SEAL)            Notary Public _____</p> <p>                         My commission expires:</p> |
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UNITED STATES BANKRUPTCY COURT  
DISTRICT OF COLUMBIA

In re:

XXXXXXXXXX,  
Debtor.

Case No. xx-xxxxxx-ELG

Chapter xxx

**AFFIDAVIT OF CLAIMANT**

1. I, \_\_\_\_\_, am (indicate status of claimant)
  - a.  the individual creditor (or authorized personal representative of the individual creditor) in whose name funds were deposited with the court who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney to submit an application to withdraw unclaimed funds on my behalf;
  - b.  the duly authorized representative for the claimant “business” \_\_\_\_\_;
  - c.  the debtor claiming funds deposited in the name of a creditor in this case who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application on my behalf;
  - d.  the debtor claiming funds deposited in the name of the debtor in this case who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application on my behalf; or
  - e.  the duly authorized representative for claimant “business” as indicated in the attached corporate power of attorney who has granted a power of attorney to \_\_\_\_\_ a “funds locator” or attorney, to submit an application to withdraw unclaimed funds on my behalf;

and I am seeking payment of unclaimed funds in the amount of \$ \_\_\_\_\_ deposited in this court in the name of \_\_\_\_\_ and representing claim number \_\_ (if no claim was filed write “scheduled” in blank space).

2. **Claimant History:** Substantiate claimant’s right to funds, including but not limited to documents relating to sale of company, i.e., purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds. Attach certified copies of all necessary documentation, including those which establish the chain of ownership of the original corporate claimant. Also attach a copy of an official government photo ID to prove your identity.

3. I (or the “business” I represent as claimant) have neither previously received remittance for these funds nor have contracted with any other party other than the person named as a “funds locator” or attorney in paragraph one above to recover these funds.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Signature of Claimant or Representative of  
“Business” Claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Last Four Digits of SSN, Tax ID, or EIN

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(Note: Attach a Copy of an Official Government Photo ID Such as a Driver's License or Passport)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Joint Debtor (If Applicable)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Last Four Digits of SSN, Tax ID, or EIN  
(Note: Attach a Copy of an Official Government Photo ID Such as a Driver's License or Passport.)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and Subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

[Seal]

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF COLUMBIA

In re:

XXXXXXXXXX,  
Debtor.

Case No. xx-xxxxxx-ELG

Chapter xxx

**ORDER FOR PAYMENT OF UNCLAIMED FUNDS**

Upon application by \_\_\_\_\_ on behalf of \_\_\_\_\_ and in accordance with the provisions of 28 U.S.C. §2042 and Local Rule 3011-1(D), it is

**ADJUDGED, ORDERED, and DECREED that**

1. The Clerk is directed to disburse, after 14 calendar days from entry of this order, payment to \_\_\_\_\_ and, if applicable, the “funds locator” or attorney submitting the application, \_\_\_\_\_, the sum of \$ \_\_\_\_\_ now held as unclaimed funds in the treasury for the original claimant .

2. If the applicant is a “funds locator” or attorney, the check for these funds shall issue in the name of the party on whose behalf the funds are being claimed and the “funds locator” or attorney.

[Signed and dated above.]

Copies to:  
Funds Recipient(s)  
Funds Locator or Attorney (if applicable)  
Creditor (if applicable)