

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

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 (State)

Case number:

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

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:**2. Applicant Information**

Applicant<sup>2</sup> 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<sup>3</sup> 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.

**3. 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.

**4. Certification if Unclaimed Funds Derive From Creditor's Claim in the Case**

- ☐ If the unclaimed funds represent amounts that were claimed by a creditor in the bankruptcy case, a certification of the claimant is attached establishing that the claim of the creditor has not been satisfied from other sources, and the amount of the claim that remains unpaid is equal to or exceeds the amount of the unclaimed funds.

<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.

**5. 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  
District of Columbia  
555 Fourth Street, NW  
Washington, DC 20530

The United States Attorney may file an opposition to the Application within 21 days after the Application is filed.

**6. 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: \_\_\_\_\_

**6. 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: \_\_\_\_\_

**CERTIFICATION THAT THE CLAIM HAS NOT BEEN SATISFIED**

I am the claimant entitled to the unclaimed funds. I hereby certify that the unfunded claims relate to the claim of \_\_\_\_\_ filed as a creditor in the case, that I have been able to ascertain and have ascertained that the Creditor's claim has not been satisfied from other sources, and that the amount of the Creditor's claim that remains unpaid is equal to or exceeds the amount of the unclaimed funds. The way in which I ascertained this was:

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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 Certification is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Printed Name of Claimant