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| **UNITED STATES BANKRUPTCY COURT** | | | | | | | | | | | | | | | | | | | | | |
| **Southern District of Georgia** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | |
| In re: | |  | | | | | | | | | ) | | | | Case No. | | | | |  | |
| ) | | | |  | | | | |  | |
| *Debtor(s)* | | | |  | | | | | ) | | | | Chapter | | | | |  | |
|  | | | | | | | | | | |  | | | | | | | | | | |
| APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS | | | | | | | | | | | | | | | | | | | | | |
| Comes now the undersigned, to make application for an order directing payment of unclaimed funds. Claimant is a  creditor  debtor (check one) in the above referenced bankruptcy case and on whose behalf these funds were deposited. | | | | | | | | | | | | | | | | | | | | | |
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| 1. | Name of Claimant(s) | | | | | | | | |  | | | | | | | | | | | |
| 2. | Name and Title of Authorized Officer or Representative (if Applicable) | | | | | | | | |  | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | |  |  |  | | | | | | | |  |  |  | | |
| Date | | | | | | |  | Claimant Signature | | | | | | | | | |  | Joint Claimant Signature | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this: | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Day of |  | | | | | | | , | 20 |  | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Notary Public | | | | | | | | | | | | | |  | | | | | | |  |
| In and for the State of | | | | | | | | | | | | | |  | | | | | | |  |
| 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 attachments was mailed to: | | | |
| United States Attorney  Southern District of Georgia  22 Barnard Street, Suite 300  Savannah, GA 31401 | | | |
| Name and address of all other parties served: | | | |
|  | | | |
| Date |  | Signature: |  |
|  | | Name: |  |
|  | | Address |  |

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| **UNITED STATES BANKRUPTCY COURT** | | | | | | | |
| **Southern District of Georgia** | | | | | | | |
|  | | | |  | | | |
| In re: |  | | | ) | Case No. | |  |
| ) |  | |  |
| *Debtor(s)* | |  | ) | Chapter | |  |
|  | | | |  | | | |
| ORDER FOR PAYMENT OF UNCLAIMED FUNDS | | | | | | | |
| On , , the Claimant(s), filed an Application for Disbursement of Unclaimed Funds. The application and the documents attached thereto establish that the Claimant(s) is/are entitled to the Unclaimed Funds; accordingly, it is hereby  ORDERED that the sum of $ held in unclaimed funds be made payable to  and be sent to the payee at the following address:  . | | | | | | | |
| [END OF DOCUMENT] | | | | | | | |
| Counsel Identification (if applicable) | | | | | |  | |
| Signature: | |  | | | |
| Name: | |  | | | |
| Counsel for: | |  | | | |
| Address: | |  | | | |
| Telephone Number: | |  | | | |
| State Bar Number | |  | | | |

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:**
   1. The application should be typed, using the fillable form attached.
   2. If the funds were deposited for joint claimants, both claimants must sign the application.
   3. The claimant must have legal standing to make the claim. If the claimant is not the owner of record,[[1]](#footnote-1) the person requesting the release of funds must show proper authority.
   4. Claimant(s)’ signature(s) must be notarized.
   5. Photo identification of claimant(s) must be provided (*i.e.*, copy of driver's license, other state-issued identification card, or U.S. passport).
2. **Certificate of Service showing service of a copy of the application:**
   1. Upon the U.S. Attorney (U.S. Attorney’s mailing address is on the form)
   2. Upon any other party who may have an interest in the funds
3. **Proposed Order:**

The proposed order must contain the debtor's name, case number, the claimant's name, amount claimed, and address where funds should be sent. If the claimant is represented by an attorney, the proposed order must include counsel identification pursuant to Local Rule 9072-1(d).

1. **Required supporting documentation:**

IRS Form W-9 (Request for Taypayer Identification Number and Certification) or AO 213 (Vendor Information/TIN Certification) must be submitted for the claimant. Use the AO 213 form if the claimant is a business entity. The name on the W-9 or AO 213 form must match the claimant's name as shown on the application.

1. **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. Documentation sufficient to establish the claimant’s entitlement to the funds; and
4. If the representative is a funds locator, proof of identity (copy of driver’s license, other state-issued identification card, or U.S. passport).

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; and
3. Proof of personal identity of the estate administrator (copy of driver's license, other state-issued identification card, or U.S. passport).

If the claimant is a corporation/partnership/other business entity:

1. Application must be signed by an agent for and on behalf of the corporation / partnership / other business entity;
2. A notarized statement of the signing agent’s authority;
3. If successor entity, documentation establishing chain of ownership from the original claimant; and
4. Proof of identity of signing agent (copy of driver's license, other state-issued identification card, or U.S. passport).

Note: A corporation, partnership, or other business entity must be represented by an attorney who is admitted to practice in the Southern District of Georgia.

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.

Post Office Box 8347

Savannah, GA 31412

The Application may be denied by the court for failure to comply with the above requirements.

Applications 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 the Clerk’s Office at (912) 650-4100 and ask for the financial administrator.

1. An owner of record is the person or entity in whose name the unclaimed funds were remitted to the court. [↑](#footnote-ref-1)