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| **UNITED STATES BANKRUPTCY COURT** | |
| **Southern District of Georgia** | |
| In re:  , | Case No.: |
| *Debtor(s).* | Chapter: |
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| **Form 1340 (12/23)**  **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: |  |
| **2. Claimant Information**  Applicant[[2]](#footnote-2) represents the following:    The Claimant is the Owner of Record[[3]](#footnote-3) entitled to the unclaimed funds appearing on the records of the Court.  The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:    Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If the Claimant is a Successor Claimant, Applicant has been sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary. | |
| **3. Applicant Information**  Applicant[[4]](#footnote-4) represents the following:  Applicant is the Claimant.  Applicant is Claimant’s representative (*e.g.,* attorney or unclaimed funds locator).  Applicant is a representative of the deceased Claimant’s estate. | |
| **4. Supporting Documentation**  Applicant has read the Court’s instructions for filing an Application for Payment of Unclaimed Funds and is providing the required supporting documentation with this application. | |
| **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**  **Southern District of Georgia**  **22 Barnard Street, Suite 300**  **Savannah, GA 31401** | | |

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| **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 and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g., 18 U.S.C. § 152.  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 and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g., 18 U.S.C. § 152.  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant (if applicable)    Printed Name of Co-Applicant (if applicable)    Address  Telephone:  Email: |
| **7. Notarization**  **STATE OF**  **COUNTY OF**  This Application for Payment of 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: | **7. Notarization**  **STATE OF**  **COUNTY OF**  This Application for Payment of 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 attachments were sent by  First-Class Mail postage prepaid, *or*  Other: Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to the following: | | | |
| Office of the United States Attorney  Southern District of Georgia  22 Barnard Street, Suite 300  Savannah, GA 31401  and  to Previous Owner(s) of Claim (if applicable):  [*Enter name and current address for each previous owner served or provide a statement with your application addressing why service is not possible.]* | | | |
| Names and addresses of all other parties served: | | | |
|  | | | |
| Dated: |  | Signature: |  |
|  | | Name: |  |
|  | | Address: |  |
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| **UNITED STATES BANKRUPTCY COURT** | | | | | |
| **Southern District of Georgia** | | | | | |
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| In re: | , | |  | Case No.: |  |
|  |  |  |
| *Debtor(s).* |  |  | Chapter: |  |
|  | | |  | | |
| ORDER FOR PAYMENT OF UNCLAIMED FUNDS | | | | | |
| On , , the Claimant(s), filed an Application for Payment 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 mailed to the payee at the following address: **.** The Clerk will disburse these funds not earlier than fourteen (14) days after entry of this order.  [END OF DOCUMENT]  Counsel Identification (if applicable)  Signature:  Name:  Counsel for:  Address:  Telephone No.:  State Bar No.: | | | | | |

**PROCEDURES FOR DISBURSEMENT OF UNCLAIMED FUNDS**

Unclaimed funds are held by the Court for an individual or entity who is entitled to the money, but who has failed to claim ownership of it. The United States Courts, as custodians of such funds, have established policies and procedures for holding, safeguarding and accounting for the funds.

**SEARCHING FOR UNCLAIMED FUNDS**

To search unclaimed funds, use the [Unclaimed Funds Locator](https://ucfl.uscourts.gov/). Select *GASB – Georgia Southern Bankruptcy* from the dropdown list and enter the applicable search criteria. You may also contact the Clerk’s office at 912-650-4100 to verify unclaimed funds balances.

**FILING REQUIREMENTS FOR DISBURSEMENT OF UNCLAIMED FUNDS**

1. **Application for Payment of Unclaimed Funds**

Any party who seeks the release of unclaimed funds must file an Application for Payment of Unclaimed Funds in substantial conformance with the Court's attached application form. A copy of the application must be served on the United States Attorney for the Southern District of Georgia at the address indicated on the application. If the funds were remitted into the Court’s register for joint Claimants, both Claimants must sign the application.

For purposes of this procedure, the “Applicant” is the party filing the application, and the “Claimant” is the party entitled to the unclaimed funds. The Applicant and the Claimant may be the same party.

1. **Supporting Documentation**
2. **Payee Information**

Funds are to be made payable only to the Claimant. In conjunction with the Application for Payment of Unclaimed Funds, the Claimant’s tax identification number (TIN) must be provided to the Court on a certification form signed by the Claimant to whom funds are being distributed.

* 1. **Claimant**

A Claimant who is a U.S. person[[5]](#footnote-5) within the United States must submit the [AO 213P](https://www.gasb.uscourts.gov/sites/gasb/files/AO_213P_draft_May_2022_final.pdf) Form or the IRS Form [W-9](https://www.irs.gov/pub/irs-pdf/fw9.pdf). The AO 213P form must be used for a business entity Claimant who wishes for payment via Electronic Funds Transfer (EFT)[[6]](#footnote-6). The name listed on the AO 213P or W-9 must match the Claimant’s name as shown on the application.

1. **Additional Supporting Documentation**

Requirements for additional supporting documentation vary depending on the type of Claimant and whether the Claimant is represented. Please read the instructions below to identify what documentation must accompany your Application for Payment of Unclaimed Funds.

Sufficient documentation must be provided to the Court to establish the Claimant’s identity and entitlement to the funds.

Proof of identify must be provided in unredacted form with a current address. If there are joint Claimants, then supporting documentation must be provided for both Claimants.

* 1. **Owner of Record (Debtor/Creditor)**

The Owner of Record is the original payee entitled to the funds appearing on the records of the Court. If the Claimant is the Owner of Record, the following additional documentation is required:

* **Owner of Record is an Individual**

Proof of identity of the Owner of Record (*e.g., unredacted copy of driver’s license, other*

*state-issued identification card, or U.S. passport that includes current address*); and

A notarized signature of the Owner of Record (*incorporated into the application*).

* **Owner of Record is a Business or Government Entity**

1. Application must be signed by an authorized representative for and on behalf of the business

or government entity;

1. A notarized statement of the signing representative’s authority;
2. Documentation sufficient to establish claim of ownership; and
3. Proof of identity of the signing representative (*e.g., unredacted copy of driver’s license, other*

*state-issued identification card, or U.S. passport that includes current address*).

If the Owner of Record’s name has changed since the funds have been deposited with the Court, then proof of the name change must be provided.

* 1. **Successor of Claimant**

A successor Claimant may be entitled to the unclaimed funds as a result of assignment, purchase, merger, acquisition, succession or by other means. If the Claimant is a successor to the original Owner of Record, the following documentation is required:

* **Successor Claimant is an Individual**

A notarized signature of the successor Claimant (*incorporated into the application*);

Documentation sufficient to establish chain of ownership or the transfer of claim from the

original Owner of Record; and

Proof of identity of the successor Claimant (*e.g., unredacted copy of driver’s license, other*

*state-issued identification card, or U.S. passport that includes current address*).

* **Successor Claimant is a Business or Government Entity**

1. Application must be signed by an authorized representative for and on behalf of the successor

entity;

1. A notarized statement of the signing representative’s authority;
2. A notarized Power of Attorney signed by an authorized representative of the successor entity;
3. Documentation sufficient to establish chain of ownership of the transfer of claim from the

original Owner of Record; and

1. Proof of identity of the signing representative (*e.g., unredacted copy of driver’s license, other*

*state-issued identification card, or U.S. passport that includes current address*).

* **Deceased Claimant’s Estate**

Certified copies of probate documents or other documents authorizing the representative to

act on behalf of the decedent or decedent’s estate in accordance with applicable law (*e.g., small estate affidavit*);

Documentation sufficient to establish the deceased Claimant’s identity and entitlement to

the funds (*e.g., death certificate*); and

Proof of identity of the estate representative (*e.g., unredacted copy of driver’s license, other*

*state-issued card, or U.S. passport that includes current address*).

* 1. **Claimant is Represented by an Attorney or a Funds Locator**

If the Claimant is represented by an attorney or funds locator, the payment will be issued solely in the name of the rightful Claimant; including instances where a payment is issued to the Claimant but mailed c/o a funds locator; or jointly to the Claimant and the funds locator if authorized by a Power of Attorney. The following documentation is required:

* **Attorney/Funds Locator**

A notarized Power of Attorney signed by the Claimant on whose behalf the representative is

acting;

Documentation sufficient to establish the Claimant’s identity and entitlement to the funds;

Proof of identity of the attorney (*e.g., unredacted copy of driver’s license, other state-issued*

*card, or U.S. passport that includes current address*).

1. **Certificate of Service**

When filing an Application for Payment of Unclaimed Funds, the Applicant must include a certificate of service, reflecting service of a copy of the application and supporting documentation upon the **U.S. Attorney for the Southern District of Georgia** at the address listed on the Certificate of Service (*page 4 of the Application for Payment of Unclaimed Funds*).

If the Claimant is a Successor Claimant, the certificate of service must reflect service of a copy of the application and supporting documentation upon all previous owner(s) of the claim at their current address(es), or Applicant must enclose a statement explaining why the Applicant was not able to do so or why service was not necessary.

1. **Proposed Order**

Applicant must provide the Court a proposed order in substantial conformance with the Court’s standard form. The proposed order must contain the debtor’s name, case number, the Claimant’s name, amount claimed, and address where funds should be sent. The proposed order must state that the disbursement will be made no earlier than 14 days after entry of the order. If the Claimant is represented by an attorney, the proposed order must include counsel identification pursuant to [Local Rule 9072-1(d)](https://www.gasb.uscourts.gov/local-rules).

1. **Filing the Application**

Attorney filers should docket their application, supporting documentation, certificate of service, and proposed order electronically via the CM/ECF module.

* Docket the Application and Proposed Order using the event located under:

*Bankruptcy Events > Motions/Applications > Unclaimed Funds*

* Docket supporting documentation using the event located under:

*Bankruptcy Events > Miscellaneous > Unclaimed Funds Supporting Documentation*

All other filers should submit their application, supporting documentation, certificate of service, and proposed order to the Court at the following address:

***U.S. Bankruptcy Court***

***Southern District of Georgia***

***Attn: Financial Department***

***P.O. Box 8347***

***Savannah, GA 31412***

The application may be denied by the Court for failure to comply with the above requirements.

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)
4. The Applicant is the party filing the application. The Applicant and Claimant may be the same. [↑](#footnote-ref-4)
5. “U.S. person” includes: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S.; an estate (other than a foreign estate); or a domestic trust (as defined in 26 C.F.R. 301.7701-7). [↑](#footnote-ref-5)
6. Payments by Electronic Funds Transfer (EFT) are not available for joint Claimants at this time. [↑](#footnote-ref-6)