IN THE UNITED STATES BANKRUPTCY COURT

FOR THE SOUTHERN DISTRICT OF ALABAMA

|  |  |  |
| --- | --- | --- |
| IN RE:  | ) ) |  |
| \_\_\_\_\_\_\_\_\_\_\_,  | ) )  | Case No. \_\_\_\_\_\_\_\_\_\_\_\_ |
| Debtor(s).  | )  |  |

AFFIDAVIT OF CLAIMANT

1. I, [INSERT FULL NAME], am (indicate one of the following):

\_\_\_\_\_ the debtor in whose name funds were deposited with the court who has granted a power of attorney to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an attorney or a “funds locater” to submit an application to withdraw unclaimed funds on my behalf; or

\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an attorney or a “funds locater” to submit an application to withdraw unclaimed funds on my behalf; or

\_\_\_\_\_ the duly authorized representative for the claimant business or corporation [INSERT NAME OF BUSINESS OR CORPORATION UNDER WHOSE NAME THE FUNDS WERE DEPOSITED] in whose names funds were deposited with the court; or

\_\_\_\_\_ the duly authorized representative for the claimant business or corporation [INSERT NAME OF BUSINESS OR CORPORATION UNDER WHOSE NAME THE FUNDS WERE DEPOSITED] in whose name funds were deposited with the court who has granted a power of attorney to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an attorney or a “funds locater” to submit an application to withdraw unclaimed funds on behalf of the claimant business or corporation;

1. I am seeking payment of unclaimed funds in the sum of $\_\_\_\_\_\_\_\_\_\_ deposited in

this court in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. [INSERT information substantiating claimant’s right to the funds and ATTACH

relevant documentation, including but not limited to any documentation that supports the claimant’s or a successor in interest to the original claimant’s right to the funds. For corporate/business claimants, attach copies of all document establishing the chain of ownership of the original claimant.]

1. I (or the business or corporation I represent as claimant) have neither previously

received remittance of these funds nor have I contracted with any other party other than the person or entity named as an attorney or “funds located” above to recover these funds.

1. I have attached a copy of an official government photo ID, such as a driver’s license

or passport, to this affidavit to prove my identity.

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

knowledge and belief.

DATED: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of claimant or

duly authorized representative

for business or corporate claimant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title, if applicable

Last four digits of SS# \_\_\_\_ OR Tax ID (EIN #) \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (including area code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of joint debtor (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

Last four digits of SS# \_\_\_\_ OR Tax ID (EIN #) \_\_\_\_\_

State of

County of

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

SIGNATURE OF NOTARY PUBLIC [ Seal ]