IN THE UNITED STATES BANKRUPTCY COURT

FOR THE SOUTHERN DISTRICT OF ALABAMA

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

**NOTE: If no objection to the application is filed with the court within 21 days after the filing of the application, the application will be considered by the court without hearing. If an objection is filed within 21 days, the court will set the matter for a hearing.**

APPLICATION TO WITHDRAW UNCLAIMED FUNDS

Applicant [INSERT FULL NAME OF APPLICANT] applies to this court for entry of an order directing the clerk of court to remit to the applicant the sum of $\_\_\_\_\_\_\_\_\_\_, said funds having been deposited into the Treasury of the United States pursuant to 28 U.S.C. § 2041 as unclaimed funds held in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Applicant further states that:

1. (indicate **one** of the following)

\_\_\_\_\_ Applicant is the is the individual under whose name these funds were deposited and states that no other application for this claim has been submitted by or at the request of this applicant. If funds were deposited in the names of both husband and wife, both must sign this application, or if one spouse is requesting release of funds in the name of that spouse only, applicant must attach a notarized affidavit stating why the funds should be released to only one spouse and not in the name of both. Also attached is a copy of an official government photo ID of applicant to prove applicant’s identity.

\_\_\_\_\_ Applicant is either a family member or other authorized personal representative of an incapacitated or deceased individual in whose name funds were deposited or a successor in interest to the individual or business under whose name the funds were deposited. **An original “Power of Attorney” using the form available on the court’s website and other supporting documents, if applicable, including probate documents which indicate applicant’s entitlement to this claim, are attached and made a part of this application.** Also attached is a copy of an official government photo ID of applicant to prove applicant’s identity.

\_\_\_\_\_ Applicant is the duly authorized representative for the business or corporation under whose name these funds were deposited. Applicant has reviewed all applicable records and states that no other application for this claim has been submitted by or at the request of this claimant. **An “Affidavit of Claimant” using the affidavit available on the court’s website and an original “Power of Attorney” using the form available on the court’s website are attached and made a part of this application.**

\_\_\_\_\_ Applicant is an attorney or a “funds locator” retained by an individual or business or corporation under whose name the funds were deposited. Applicant has obtained an original “Power of Attorney” and “Affidavit of Claimant” using the forms available on the court’s website from the individual claimant or the duly authorized representative for the business or corporation named as the claimant in the notice of deposit of funds into the court. **The “Power of Attorney” and the “Affidavit of Claimant” are attached and made a part of this application**. Also attached is a copy of an official government photo ID of the person(s) on whose behalf this application is being filed.

1. Applicant has made sufficient inquiry and has no knowledge that this claim has been previously paid, that any other application for this claim is currently pending before this court, or that any party other than the applicant is entitled to submit an application for this claim.
2. As indicated on the certificate of service below, the Applicant has served a copy of this application on the debtor(s), attorney for the debtor(s), the original creditor, if applicable, and on the United States Attorney for the Southern District of Alabama as follows: U.S. Attorney for the Southern District of Alabama, 63 South Royal Street, Suite 600, Mobile, AL 36602.

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

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

Name under which funds were deposited

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

Claim number (if applicable)

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

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

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

Name and address of party on whose behalf this application was filed

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

Signature of Applicant

(Note: In addition to signing, please legibly complete all information below)

Last four digits of SS# \_\_\_\_

OR Tax ID (EIN #) \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and title of applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company name, if applicable

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

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

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

Full address

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

Telephone (including area code)

State of

County of

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

SIGNATURE OF NOTARY PUBLIC [ Seal ]

Certificate of Service

 I certify that copies of this document were sent to the following by first class U.S. Mail on [DATE]:

Debtor [insert name and address]

Attorney for the debtor [insert name and address]

The original creditor, if applicable [insert name and address]

U.S. Attorney for the Southern District of Alabama

63 South Royal Street, Suite 600

Mobile, AL 36602

 SIGNATURE