

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF ALABAMA

In Re: _____)
 _____) Case No.: _____
 _____)
 Debtor(s) _____)
 _____)

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS
FOR INDIVIDUAL OWNER OF RECORD**

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a creditor debtor (check one) in the above-referenced bankruptcy case and on whose behalf these funds were deposited.

1.	Name of Claimant(s)	
2.	Current Mailing Address	
3.	Telephone Number	
4.	Amount Being Claimed	

I, _____,
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.

Date Claimant Signature Joint Claimant Signature

Subscribed and sworn to before me this _____ day of _____.

Notary Public
In and for the State of _____

My commission expires _____

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
63 S Royal Street
Mobile, AL 36602

[List name and address of all other parties served]

Date: _____

Signature

Instructions for Filing the Application for Payment of Unclaimed Funds for Individual Owner of Record

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:
 - a. The application is a fillable form and should be typed, if possible.
 - b. The applicant must be the owner of record, i.e., the person in whose name the unclaimed funds were remitted to the court.
 - c. If the funds were deposited for joint claimants, both claimants must sign the application.
 - d. The claimant's signature(s) must be notarized.
2. AO 213 Form. The name on the AO 213 Form must match the claimant's name as shown on the application.
3. Certificate of Service showing service of a copy of the application:
 - a. Upon the U.S. Attorney (U.S. Attorney's mailing address is on the form).
 - b. Upon any other party who may have an interest in the funds.

Mail the **original** application and AO 213 Form to the following address:

U.S. Bankruptcy Court
Attn: Financial Dept.
201 St. Louis Street
Mobile, AL 36602

Applications received which do not comply with the above requirements may be denied by the Court.

Claims 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 (251) 441-5391.