

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF KENTUCKY**

DEBTOR(S)	CASE NO.
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APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant¹ named below, application is made for the disbursement 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.

Amount:	
Claimant's Name:	
Claimant's Current Address and Telephone Number:	

2. Applicant Information

Applicant² represents that the Claimant is entitled to receive the unclaimed funds based upon:
(check the statements that apply)

- Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Claimant is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's funds locator and is named in the attached Power of Attorney, valid under the laws of the State of _____, which empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant.
- Applicant is Claimant's attorney.
- Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

Applicant has read the court’s Instructions for Filing Application for Payment of Unclaimed Funds and is providing the required supporting documentation with the application.

4. Notice to United States Attorney

The Applicant understands that a copy of this application and supporting documentation must be sent to the U.S. Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the U.S. Attorney
Eastern District of Kentucky
260 W Vine St, Ste 300
Lexington, KY 40507-1612

5. 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.

Date: _____

Signature of Applicant

Printed Name of Applicant

Attorney Bar Number _____
State of License
(Complete if claimant is represented by an attorney)

Address

Telephone

Email

6. 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:

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 documentation was mailed to:

Office of the U.S. Attorney
Eastern District of Kentucky
260 W Vine St, Ste 300
Lexington, KY 40507-1612

Names and addresses of all other parties served:

Date: _____

Signature: _____

Name: _____

Address: _____
