

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA**
www.flsb.uscourts.gov

In re:

Case No.
Chapter

_____ Debtor _____ /

APPLICATION TO WITHDRAW UNCLAIMED FUNDS

Applicant, _____, applies to this court for entry of an order directing the clerk of the 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 items:)

___ Applicant is the individual listed in the “Notice of Deposit of Funds with the U.S. Bankruptcy Court Clerk” 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” conforming to the applicable Administrative Office of the US Court’s Director’s Form and/or other supporting documents, 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 listed in the “Notice of Deposit of Funds with the U.S. Bankruptcy Court Clerk”

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. **A Local Form “Affidavit of Claimant” (LF-28) and an original “power of attorney” conforming to the applicable Administrative Office of the US Court’s Director’s Form are attached and made a part of this application.**

___ Applicant is an attorney or a “funds locator” who has been retained by an individual or business or corporation under whose name the funds were deposited. Applicant has obtained an original “power of attorney” **conforming to the applicable Administrative Office of the US Court’s Director’s Form** 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. **An original “power of attorney”, conforming to the Official Bankruptcy Form and a Local Form “Affidavit of Claimant” (LF-28) are attached and made a part of this application.**

___ Applicant is an attorney or a “funds locator” who has been retained by the debtor in this case to claim funds deposited in the name of another individual or business or corporation. Applicant has obtained and attached to this application an original “power of attorney” **conforming to the applicable Administrative Office of the US Court’s Director’s Form** from the debtor (if joint case, both debtors) who are seeking to claim these funds. Applicant has also attached to this application a notarized affidavit from the debtor detailing debtor’s right to the funds deposited in the name of the creditor and has attached copies of any exhibits to substantiate this right. Also attached is a copy of an official government photo id of the debtor to prove debtor’s identity. The applicant has also attached a certificate of service reflecting that a copy of this application and required attachments has been served on the creditor whose funds the debtor is seeking to claim and on the trustee who deposited the funds with the clerk of court. If this is a joint debtor case, both husband and wife must sign the power of attorney, 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.

___ Applicant is the debtor seeking to claim funds deposited in the name of another individual or business or corporation. Applicant has attached to this application a sworn affidavit detailing debtor’s right to the funds deposited in the name of the creditor and has attached copies of any exhibits to substantiate this right. Also attached is a copy of an official government photo id of applicant to prove debtor’s identity. The debtor has also attached a certificate of service reflecting that a copy of this application and required attachments has been served on the creditor whose funds the debtor is seeking to claim and on the trustee who deposited the funds with the clerk of court. If this is a joint case, both husband and wife 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.

2. 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.
3. Applicant has provided notice to the U.S. Attorney pursuant to 28 U.S.C. §2042.

Dated: _____

Name Under Which Funds Were Deposited

Claim Number

Name of Party on Whose Behalf
Application Was Filed*

Address: _____

Signature of Applicant
(Note: In addition to signing, complete all
information below)

Last Four Digits of SS#

Tax ID (EIN #)

Print Name and Title of Applicant

Print Company Name

Print Street Address

Print City and State

Telephone (including area code)

*Attach copy of official government photo id for all parties on whose behalf this application is being filed.

State of _____
County of _____

Sworn to and Subscribed before me on this _____ day of _____, 20 ____.

SIGNATURE OF NOTARY PUBLIC

[Seal]