

Fill in this information to identify the case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Ohio

Case number:

Form 1340 (12/22)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

***ANY DEVIATIONS FROM THE STANDARDIZED APPLICATION AND EXHIBIT A MUST BE EXPLAINED HERE IN BOLD-FACED TYPE.**

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment 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.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	
Claimant's Name:	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statement that apply*):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application

Claimant's Tax ID/Social Security Number and other required documentation are submitted separately with Exhibit A and will be docketed as a private event.

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.

4. Notice to United States Attorney

- Applicant has sent a copy of this Application, Exhibit A, and all supporting documentation, to the United States Attorney, pursuant to 28 U.S.C. § 2042, by regular US Mail Service on _____, at the following address:

Office of the United States Attorney
Northern District of Ohio
Carl B. Stokes United States Courthouse
801 West Superior Avenue, Suite 400
Cleveland, OH 44113

The United States Attorney is allowed 14 days from the date of service to file an objection to payment of these funds.

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

Address: _____

Telephone: _____

Email: _____

5. Co-Applicant Declaration (if applicable)

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 Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for 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: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for 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: _____

EXHIBIT A
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

In re:) Case No.
)
) Chapter
)
Debtor(s)) Judge

Claimant's name is _____

Claimant's Full Tax ID/Social Security Number is _____

- If Applicant is the Claimant and is the Owner of Record (the original Payee) entitled to the unclaimed funds appearing on the records of the court, **check this box and attach** proof of identity* to Exhibit A.
- If Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means, **check this box and attach** proof of identity* to Exhibit A.
- If Applicant is Claimant's representative (e.g., attorney or unclaimed fund locator), **check this box and attach** proof of identity* to Exhibit A.
- If Applicant is a representative of the deceased Claimant's estate, **check this box and attach** proof of identity* of the owner of record, and proof of personal identity* of the estate administrator to Exhibit A.
- The funds due Claimant were deposited with the Court pursuant to 11 U.S.C. §347. **As evidence thereof, one of the following documents is attached:**
 - Copy of the Unclaimed Funds Search web page
 - Copy of the court order depositing the funds into the Treasury/Registry
 - Copy of the receipt and attached list of parties entitled to the unclaimed funds.
 - Other supporting documentation (please describe): _____
- Completed and Signed Tax Identification form attached:**
 - Form AO-213
 - W-9 certification form
 - W-8 certification form accompanied by Form AO-215

*Proof of identity includes an **unredacted copy** of either the current driver's license, government identification card, **U.S.** passport **that includes current address**, or state-issued identification card of the appropriate person.