

**Local Bankruptcy Form 3011-1**

**Form for Payment of Unclaimed Funds - Local Rule 3011-1**

Attorney Submitting (Utah State Bar No.)  
Address  
Telephone No.  
Facsimile No. (Optional)  
E-Mail Address (Recommended)  
Attorney for

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF UTAH**

|            |                            |
|------------|----------------------------|
| In re:     | Bankruptcy No.             |
|            | Chapter                    |
| Debtor(s). | Hon. <u>(Judge's Name)</u> |

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

The undersigned, under penalty of perjury under the laws of the United States of America, declare that the following statements and information are true and correct:

1. \_\_\_\_\_(Applicant) applies to this Court, pursuant to 28 U.S.C. § 2042 for entry of an order directing the Clerk of this Court to remit to Applicant the sum of \$\_\_\_\_\_ due to Applicant.

2.  Applicant is the individual named in the trustee's unclaimed funds report filed in this case; or
- Applicant is the holder of a valid assignment of a claim listed in the trustee's unclaimed funds report and appropriate documentation substantiating the assignment of the original claim [e.g. a notarized acknowledgment of assignment] is attached hereto; or

The original claimant listed in the trustee's unclaimed funds report filed in this case is deceased, and Applicant is a person authorized to act on behalf of the estate of the original claimant and appropriate documentation substantiating Applicant's authority [e.g., certified copies of all probate documents including a copy of the death certificate and appointment of executor] is attached.

3. 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 the payment of this claim.

4. Applicant has provided notice to the United States Attorney for the District of Utah of this Application pursuant to 28 U.S.C. § 2042 and a certificate of mailing is attached to this Application.

5. A photocopy of government issued photo identification of Applicant showing Applicant's signature [e.g. driver's license or passport] is attached. If name of the Applicant is different from the name of the original claimant due to marriage, divorce, etc, appropriate documentation [e.g. certified copy of divorce decree, marriage license] is attached.

6. I understand that, pursuant to 18 U.S.C. §§ 152 and 3571, I will be fined not more than \$500,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

**NOTICE OF RESPONSE TIME**

Any party in interest who objects to the relief sought in this Application must, within twenty-one (21) days of the mailing of this Application, serve and file an objection or other appropriate response to this Application with the Bankruptcy Court Clerk’s Office 350 South Main Street, 3<sup>rd</sup> Floor, Salt Lake City, UT 84101.

Date

Printed name of Individual

Signature of Individual

XX-XXX-  
Last Four Digits of SSN or Tax ID number  
if claimant is a business.

Street Address

City and State

Telephone

STATE OF \_\_\_\_\_ )

: ss.

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was subscribed and sworn to and acknowledged before me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
(Notary Public)

**CERTIFICATE OF MAILING**

I hereby certify that on \_\_\_\_\_ (date), I mailed a copy of

this foregoing Application and all attachments to the following:

Office of the United States Attorney  
District of Utah  
185 South State Street, Suite 300  
Salt Lake City, UT 84111

Debtor  
(Name and address)

United States Trustee  
Ken Garff Building  
405 South Main Street, Suite 300  
Salt Lake City, UT 84111

Debtors' Attorney  
(Name and address)

Original Claimant  
(Name and address)

Chapter \_\_ Trustee  
(Name and address)

Date

Printed name of Individual

Signature of Individual