

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

In re: _____ Debtor(s).	Bankruptcy Case No. _____ Chapter _____
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**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS
AND NOTICE OF OBJECTION DEADLINE**

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. _____ (Claimant) 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 Claimant the sum of \$ _____ due to Claimant.

2. Please select from the following:

- Claimant is the original claimant named in the trustee's unclaimed funds report filed in this case; or
- Claimant is the holder of a valid assignment from the original claimant named 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 named in the trustee's unclaimed funds report filed in this case is deceased, and Claimant is a person authorized to act on behalf of

the estate of the original claimant and appropriate documentation substantiating Claimant's authority [e.g., certified copies of all probate documents including a copy of the death certificate and appointment of executor] is attached.

3. Claimant 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 Claimant is entitled to submit an application for the payment of this claim.

4. Claimant 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 Claimant showing Claimant's signature [e.g., driver's license or passport] is attached. If name of the Claimant 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.

Privacy Policy
(See Federal Rules of Bankruptcy Procedure 9037)

Applicant shall redact only the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number or a tax ID number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings or similar account numbers; and (iv) all birth date information except the year.

The responsibility for redacting personal data identifiers rests solely with the filing party.

NOTICE OF OBJECTION DEADLINE

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, 3rd Floor, Salt Lake City, UT 84101.

Date

Printed Name of Claimant(s)

Signature of Claimant(s)

Street Address

City, State, and Zip Code

Last Four Digits of SSN or full Tax ID Number if
Claimant is a business

Telephone Number and Email Address

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 true and accurate copy of the foregoing Application for Payment of Unclaimed Funds via regular U.S. mail, postage prepaid upon the following:

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

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

Chapter ___ Trustee
(Name and Address of trustee)

Debtor (s)
(Name and Address)

Original Claimant
(If Applicable - Insert Name and Address)

Debtor's Attorney
(Name and Address)

Dated: _____

(Claimant's Signature)