

<i>Debtor:</i>	<i>Case No.:</i>
<i>Joint Debtor:</i> <i>(if any)</i>	<i>Chapter:</i>

APPLICATION FOR UNCLAIMED FUNDS

1. Claim Information

Application is hereby made for disbursement of the following previously unclaimed funds on deposit with the court for the benefit of the claimant named below.

Amount:	
Claimant's Name:	
Claimant's Address: <u>(at time claim was made)</u>	*Provide documentation that Claimant resided or did business at this address.
Claimant's Current Address: (if different from above)	
Last 4 digits of Claimant's SSN or Complete EIN	

2. Applicant Information

The applicant is:

The individual claimant named above. Photo identification is attached.

An individual authorized to act on behalf of the corporation, partnership, limited liability company, or other artificial entity named above. Documentation showing authority to make this application is attached.

The legal representative of the claimant named above. An original, notarized power of attorney is attached, or, if the claimant is deceased, a certified copy of a letter of administration or probated will is attached.

The successor in interest to the claimant named above. Documentation showing entitlement to the funds through sale, amendment, merger, or dissolution is attached.

The payee's taxpayer information (Form W-9) is attached. No payment will be made unless a completed and signed Form W-9 is submitted with the application.

3. Service on United States Attorney

The undersigned understands that a copy of this application and supporting documentation must be sent to the United States Attorney at the following address:

Office of the United States Attorney
District of Arizona
2 Renaissance Square
40 North Central Avenue, Suite 1200
Phoenix, AZ 85004

4. Declaration

The undersigned declares, under penalty of perjury, that the information contained in this application and any accompanying documentation is true and correct. I also understand that, pursuant to 18 U.S.C. § 152, I may be fined not more than \$250,000, or imprisoned not more than 5 years if I have knowingly and fraudulently made any false statements in this document or provided false documentation as part of this application.

_____	_____	_____
Date	Signature of Applicant	Printed Name of Applicant
_____	_____	_____
Date	Signature of Applicant	Printed Name of Applicant
Phone: _____	Address: _____	
Email: _____	_____	

5. Notarization

STATE OF _____, COUNTY OF _____

This 2-page 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 on: _____

File this application with the court at the following address:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA
230 NORTH FIRST AVENUE #101
PHOENIX AZ 85003