

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 Indiana

Case number: _____

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS (11/20)**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 statements 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.
- The Owner of Record is: _____.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- The Owner of Record is: _____.
- Applicant is a representative of the deceased Claimant's estate.
- The Owner of Record is: _____.

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 entity for whose benefit the funds were originally deposited.

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. Prior to filing this application, applicant and/or claimant(s) must read Northern District of Indiana Local Bankruptcy Rule B-3011-1, Payment of Unclaimed Funds, setting out the requirements for requesting payment of unclaimed funds.

4. 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: _____

4. 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: _____

5. Attorney (if applicable)

Date: _____

Signature of Attorney (if applicable)

Printed Name of Attorney (if applicable)

Address:

Telephone: _____

Email: _____