

**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)<sup>1</sup> 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**

Applicant<sup>2</sup> 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 Record<sup>3</sup> 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: \_\_\_\_\_.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> 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: \_\_\_\_\_