INFORMATION AND DOCUMENTATION REQUIRED FOR PETITION FOR UNCLAIMED FUNDS

- **I.** A request **BY AN OWNER OF RECORD** for payment of Unclaimed Funds must include the following documents:
 - **Petition** for Payment of Unclaimed Funds, which must include the following:
 - \Box The debtor's name
 - \Box The Chapter number (7, 11, 12 or 13)
 - □ The case number including the judge's initials
 - □ The complete name of the party claiming the funds ("Claimant")
 - □ Claimant's previous address
 - □ Claimant's current address and telephone number
 - \Box The amount of the claim
 - □ Claimant's signature

If Claimant is an **individua**l, Claimant's signature must be **notarized**.

If Claimant is a **corporation**, the Petition must be signed by a corporate officer, must contain **the corporate seal** and must contain a statement of the signing officer's authority.

If Claimant is a **partnership**, the Petition must be signed by the general partner(s) and must contain a statement of the signing person's authority.

- A certificate of service showing service of a copy of the petition
 - \Box upon the U.S. Attorney and
 - \Box upon any other party who may have an interest in the funds
- Form W-9, Request for Taxpayer Identification Number and Certification
 - □ Name or Business
 - □ Select classification
 - \Box Current address
 - □ Social Security or Employer Identification number
 - \Box Sign and date the form
- **II.** A request **BY A SUCCESSOR IN INTEREST** for payment of Unclaimed Funds must include the following documents:
 - **Petition** for Payment of Unclaimed Funds, which must include the information set forth above, **plus the following:**
 - \Box The full name of the original owner of the funds.
 - □ The original owner's previous address
 - □ A brief statement of the facts by which Claimant acquired the rights as successor

in interest to the original owner of the funds.

- □ Copies of documents which show that Claimant is entitled to payment of the funds as a successor in interest to the original owner of the funds should be attached to the Petition. Copies of any documents from a probate or other courts must be certified copies.
- A certificate of service showing service of a copy of the petition
 - \Box upon the U.S. Attorney,
 - □ upon the original owner, if appropriate, and
 - \Box upon any other party who may have an interest in the funds.
- Form W-9, Request for Taxpayer Identification Number and Certification
 - □ Name or Business
 - □ Select classification
 - \Box Current address
 - □ Social Security or Employer Identification number
 - \Box Sign and date the form
- **IV.** Hearings

The petition may be granted without a hearing. If a hearing is scheduled, the court will send a notice of the date and time for the hearing to all interested parties.

V. Fraud

Any Petition for Unclaimed Funds which appears to be based upon fraud will be referred to the U.S. Attorney for investigation and prosecution.

VI. Form

A fillable petition form is attached for your convenience. Fill out all blanks in form, then print and sign form.

Mail <u>original</u> documents to:

U.S. Bankruptcy Court 1340 U.S. Courthouse 75 Ted Turner Drive, SW Atlanta, Georgia 30303

Mail <u>copy</u> of documents to:

U.S. Attorney's Office 600 U.S. Courthouse 75 Ted Turner Drive, SW Atlanta, Georgia 30303

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA

IN RE:	: CASE NO	
	:	
	: CHAPTER	
	:	
Debtor(s)	:	

PETITION FOR PAYMENT OF UNCLAIMED FUNDS

A dividend check in the amount of \$	was issued in the above-styled
bankruptcy case to	, whose mailing address
at the time of issue was:	

Because the check was not cashed by said payee, Trustee remitted those unclaimed funds to the Registry of the Clerk of the U.S. Bankruptcy Court on ______, 20____, pursuant to 11 U.S.C. §347(a).

Application is hereby made to pay these unclaimed funds to the undersigned claimant.

Date: _____

Claimant's Signature:

Claimant's Name: _____

Address: _____

Phone: _____

Sworn to and subscribed to before me this ____ day of _____, 20__.

If applicable, affix Corporate Seal

Notary Public in and for the State of ______ My commission expires: ______

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA

IN RE:

Debtor(s)

:	CASE NO
:	
:	CHAPTER
:	
:	

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify under penalty of perjury that I am, and at all times hereinafter mentioned, was more than 18 years of age, and that on the _____ day of _____, 20____, I served a copy of the foregoing Petition for Payment of Unclaimed Funds, upon the parties listed below by First Class U.S. Mail:

United States Attorney 600 U.S. Courthouse 97'Vgf 'Vwtpgt'F tkxg, SW Atlanta, Georgia 30303

Date: _____

Signature: _____

Name: _____

Address: _____