

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 Alabama

Case number:

Form ALNB LBF 1340 (12/23)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****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 Claimant.

Amount:

Claimant's Name:

Claimant's Current Mailing
Address, Telephone Number,
and Email Address:**2. Claimant Information**

Applicant² represents the following:

The Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.

The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:

If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant represents the following:

Applicant is the Claimant.

Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).

Applicant is a representative of the deceased Claimant's estate.

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 original payee.

4. 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.

5. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Northern District of Alabama
1801 Fourth Ave N
Birmingham, AL 35203

6. 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 and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

Date: _____

Signature of Applicant (blue ink)

Printed Name of Applicant

Address:

Telephone:

Email:

6. 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 and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: _____

Signature of Co-Applicant (if applicable) (blue ink)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone:

Email:

7. Notarization

STATE OF _____

COUNTY OF _____

This 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:

7. Notarization

STATE OF _____

COUNTY OF _____

This 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:

CERTIFICATE OF SERVICE

I certify that a copy of the Application for Payment of Unclaimed Funds and the required supporting documentation were sent by: _____

(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)

to the following:

Office of the United States Attorney
Northern District of Alabama
1801 Fourth Ave N
Birmingham, AL 35203

I certify that a copy of the Application for Payment of Unclaimed Funds was sent by:

(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)

to Previous Owner(s) of Claim (if applicable):

[Enter name and current address for each previous owner served, or provide statement with your application addressing why service is not possible.]

Dated: _____

Signature: _____

Print Name: _____

Address: _____

Phone: _____

Email: _____

Mail original Application and Certificate of Service to:
US Bankruptcy Court
Attn: Financial Specialist
1800 Fifth Avenue N
Birmingham, AL 35203