

U.S. Bankruptcy Court
Southern District of California
325 West F Street
San Diego, CA 92101

**INFORMATION AND DOCUMENTATION REQUIRED
FOR REQUESTING UNCLAIMED FUNDS**

Pursuant to 28 U.S.C. § 2042, any claimant entitled to any unclaimed funds held by the court (“unclaimed funds”) may, on petition to the court and upon notice to the United States Attorney and full proof of the right thereto, obtain an order directing payment to him/her. If you identify funds to which you believe you are entitled, complete the application with attached affidavit, provide information outlined below, and file the application, affidavit and supporting documents with the Court. If funds are found in multiple cases, a separate application, affidavit and supporting documentation will need to be filed in each case.

Supporting documentation must be provided including proof of identity and your connection to the claim. If the claimant has changed, provide supporting documents which substantiate the change. If the applicant is claiming funds on behalf of a deceased party, the application must include a copy of the death certificate and documents that substantiate the applicant’s right to act on behalf of the decedent’s estate, or the applicant’s right to the funds as a beneficiary of the estate. The Vendor Information Certification (form AO 213) must be completed with your Social Security or Tax ID Number.

Original applications should be mailed to the court at the address listed above. All applications and affidavits must be notarized.

A copy of the application, affidavit, and supporting documentation must be mailed to the United States Attorney at the address provided below and also to any other party who may have an interest in the funds.

United States Attorney, 880 Front Street, Suite 6293, San Diego, CA 92101

Upon receipt, the financial department will review the application, affidavit and supporting documentation for accuracy and validity, verify that the funds remain on deposit with the court, and forward the application and supporting documentation to the Bankruptcy Judge for final disposition. Additional information may be requested to support your ownership of the funds.

Any requests for unclaimed funds which appear to be based upon fraud will be referred to the U.S. Attorney for investigation and prosecution.

Be sure to include the notarized original of your application and affidavit, the Claimant Information/Tin Certification signed on page 2, and a copy of your ID. If your ID has a different address than that shown for your funds, you need to include a document that shows your name and the fund’s address. A bill or statement will do, or a copy of your credit report with the previous address.

Questions concerning these procedures should be directed to Russ Reynolds at the above address or call 619-557-6213 or you may e-mail your questions to russ_reynolds@casb.uscourts.gov.

UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF CALIFORNIA
 325 West F Street, San Diego, California 92101-6991

In Re

BANKRUPTCY NO.

Debtor.

APPLICATION AND ORDER FOR PAYMENT OF UNCLAIMED FUNDS

IT IS ORDERED THAT the relief sought as set forth on the attached continuation pages is granted.

_____ (“Applicant”)
 applies to this court for entry of an order directing the clerk to remit the sum of \$ _____
 due to _____ (“Claimant”).

1.	Full legal name of Claimant (<i>If Claimant is an individual, skip to #5.</i>)	
2.	Type of Entity (corporation, LLC, partnership)	
3.	State of Incorporation/Organization	
4.	Name and Title of Authorizing Officer or Representative	
5.	Current Mailing Address	
6.	Telephone Number	
7.	E-mail Address	
8.	Full SS# or EIN#	
9.	Amount Being Claimed	

The information set forth on the continuation pages By: _____
 Is APPROVED AS TO FORM: _____ Financial Administrator, U.S. Bankruptcy Court

IT IS SO ORDERED.

Dated: _____

 Judge, United States Bankruptcy Court

ORDER ON APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Debtor:

CASE NO:

AFFIDAVIT OF CLAIMANT

Applicant is authorized to submit this Application and is entitled to receive the requested funds based upon: (*check the applicable statement*)

- Applicant is the original creditor or debtor and owner of the funds as it appears on the record of this Court;
- Applicant is the assignee of the original creditor's claim to said funds, as evidenced in the attached documentation;
- Applicant is the original creditor's successor in interest, as evidenced in the attached documentation;
- Applicant is an attorney or "funds locator" named in special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of California, that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. Applicant states that the Claimant is the:
 - Original creditor and owner of the claim;
 - Original creditor's attorney with authorization to receive said funds;
 - Assignee of the original creditor's claim to said funds;
 - Successor in interest of the original creditor; or
 - Personal representative of the original creditor's estate.

This Application is submitted with the necessary documents to establish (1) Applicant's authority to collect the unclaimed funds on behalf of the Claimant and (2) the Claimant's entitlement to the particular unclaimed funds. The Application was completed and submitted in accordance with the Court's instructions for filing an application for payment of unclaimed funds.

In accordance with 28 U.S.C. § 2042, Applicant certifies that a copy of this Application (and all attachments) have been provided to the Office of the United States Attorney on _____ (date), at:

United States Attorney's Office, 880 Front Street, Suite 6293, San Diego, CA 92101

Therefore, Applicant requests the Court enter an order directing payment of unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant, in accordance with the documents submitted in support of the Application.

Under penalty of perjury, I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

ORDER ON APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Debtor:

CASE NO:

NOTARIZED SIGNATURE BLOCK FOR AN INDIVIDUAL *(signature block for an entity on next page)*

Dated: _____

Signature of Individual Applicant

Print Name: _____

Street Address: _____

City/State/Zip: _____

Telephone *(including area code)*: _____

State of _____)

)ss.

County of _____)

Before me, _____, a notary public for said state, on this _____ day of

_____, 20 ____, personally appeared _____

known to be the identical person(s) who executed the within foregoing instrument, and acknowledge to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

[SEAL]

My commission expires: _____

ORDER ON APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Debtor:

CASE NO:

NOTARIZED SIGNATURE BLOCK FOR AN ENTITY *(signature block for an individual on previous page)*

Dated: _____
Signature of Applicant (entity)

By: _____

Print Name: _____

Street Address: _____

City/State/Zip: _____

Telephone *(including area code)*: _____

State of _____)
County of _____)ss.

Before me, _____, a notary public for said state, on this _____ day of _____, 20 _____, personally appeared _____ as _____ [capacity, e.g. president, treasurer] who executed the within foregoing instrument on behalf of _____ [name of entity], and acknowledge to me that he/she executed the same as his/her free and voluntary act and deed on behalf of said _____ [type of entity, e.g. corporation, limited liability company, partnership] for the uses and purposes therein set forth.

Notary Public

[SEAL]

My commission expires: _____

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting Division

CLAIMANT INFORMATION/TIN CERTIFICATION
Mandatory Information that **MUST** be provided before submission

Ex-AO Employee
 SAM Vendor
(Formerly CCR)
(No TIN Certification Required)

Claimant Address	Other Address (If different from Vendor Address)
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name:	Address:
Business Name: <i>(if different from above)</i>	City:
Address 1:	State: Zip Code:
Address 2:	Phone #:
City:	Description: <i>(If needed)</i>
State: Zip Code:	
Phone #: E-mail:	
Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i>	
DUNS #	
(complete if you prefer electronic deposit) Financial Information	
Bank Name:	Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>
City:	Account #:
State: Zip Code:	Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|---|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ; | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - Asian-Pacific American Black American Subcontinent Asian (Asian-Indian)American
 - Hispanic American Native American Other: _____

Date: _____

Claimant's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: Addition Change Vendor Code: _____ (*make entry only if change*)
 Active Inactive Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:	
Contact Name: _____	Email: _____
Telephone Number: _____	Email: _____

Identification of person making this request:	
Name: _____	
Telephone Number: _____	Originating Office: _____

Please type or print clearly. Please type or print clearly. For JIFMS Users only, e-mail the completed form to: jifms@support.aotx.uscourts.gov. For Court FAS4T Users, send this form to the local court Vendor Administrator. For questions regarding JIFMS and Court FAS4T please contact SDSO at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.