

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 NameUnited States Bankruptcy Court for the: _____ District of _____
(State)

Case number: _____

CSD 1340 (12/19)**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 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.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

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.

The information set forth on the continuation pages is APPROVED AS TO FORM:

By: _____
Financial Administrator, U.S. Bankruptcy Court

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. 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
District of _____
[Court enters address here]

5. 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: _____

5. 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: _____

6. 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: _____

6. 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: _____

REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form.

Vendors providing goods and services must use the AO 213 form.

Part 1 Payee Information

Line 1. Payee Name: _____

Line 2. Additional payee information: (if applicable) _____

Part 2 Business Name (if different from above)

Enter your TIN in the appropriate box.

Part 3 The TIN provided must match the name given in Part 1, Line 1. EIN: _____ - _____
Enter only an EIN or SSN - NOT BOTH. SSN: _____ - _____ - _____

Part 4 Select the appropriate box below for U.S. tax classification for person or entity listed in Part 1, Line 1.

- Individual or single member LLC Corporation (Payments related to attorneys' fees or gross proceeds paid to attorneys)
- LLC (Except single member) Partnership
- (Select one:) C Corp S Corp Partnership Trust/Estate Other: _____

Part 5 Mailing Address

Street address: _____

City: _____ State: _____ Zip code: _____

Point of Contact (if different from Part 1, Line 1 above) Name: _____

Phone #: _____ Email Address: _____

Part 6 Electronic Funds Transfer (EFT) Information (OPTIONAL)

Owner(s) name as it appears on bank account: _____

Bank Name: _____ Routing #: (Must contain 9 digits) _____

Payee must select an account type: (Select one) Checking Savings

Account Number: (do not include check number) _____

Part 7 Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number; and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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 backup withholding; and
- I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____ Date: _____

For Judiciary Use Only			
Select those boxes that apply:	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	Vendor Code: _____
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	Vendor Type: _____
<i>(Trustee or Vendor)</i>			
Vendor Administrators: Attach this form to the JIFMS MANL document. This form can also be submitted, subject to separation of duties requirements, via HEAT at: https://nsms.ao.dcn . The service request can be found under Financial Management Services> JIFMS Vendor Additions or Updates. For FAS4T users (CCAM only), send this form to the local court vendor administrator. For questions regarding JIFMS and court FAS4T, please contact the National Support Desk at (210) 536-5000. This form should be completed including the vendor's signature and submitted by Judiciary staff only.			

Sensitive information must be securely maintained and only visible to designated staff.

General Instructions

Purpose of the AO 213P

The Judiciary utilizes the AO 213P to collect information necessary to facilitate payment by EFT or U.S. Treasury check.

For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee **may** be subject to backup withholding – situations where the judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the U.S. Treasury on the judiciary's behalf must collect payee TINs to comply with the [U.S. Treasury's TIN Policy](#).

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

Part 1, Line 1

Do not leave this line blank. Enter only **one** name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Individual. Generally, enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it was entered on your IRS Form W-7 application, line 1a.

Sole Proprietor or Single-Member LLC. Enter your name as shown on your IRS 1040/1040A/1040EZ in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2.

Partnership, LLC (Except Single-Member LLCs), or Corporations. Enter the entity's name as shown on the entity's U.S. tax return in Part 1 and any business name or DBA name in Part 2.

Other entities. Enter your name as shown on required U.S. tax documents in Part 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business name or DBA name in Part 2.

Part 1, Line 2

If this form is being completed so that a U.S. Treasury check may be issued payable to more than one person or entity, or if an EFT payment will be issued to an account owned jointly, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names for joint accounts or for other payees ("and," "or," or "care of") **must** be entered in Part 1, Line 2.

If payment is to be made by...	Then, enter the following...
EFT to Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, Payee 2, AND Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name AND Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.

U.S. Treasury check made payable to Payee 1, Payee 2, OR Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name OR Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, CARE OF (c/o) Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's TIN in Part 3.

Part 2

If you have a business or DBA name, you may enter it in Part 2.

Part 3

Enter your or your entity's TIN in the appropriate box. **The TIN must be the TIN associated with the one person or one entity listed in Part 1, Line 1.**

If you are a resident alien and you do not have – and are not eligible to get – an SSN, your TIN is your ITIN. Enter it in the social security number box.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Part 4

Check the appropriate box in Part 4 for the U.S. tax classification of the person or entity's whose name is entered in Part 1. Check only **one** box in Part 4.

Part 5

Enter your address (number, street, and apartment or suite number). This is where your paper U.S. Treasury check and any information returns (e.g., 1099-MISC; 1099-INT), if applicable, will be mailed.

Enter a point-of-contact name, email, and phone number. A point of contact is necessary if an entity is listed in Part 1, Line 1 or a point-of-contact is different than an individual listed in Part 1, Line 1.

Part 6

The Routing Number **must** be nine digits. If you are unsure of your Routing or Account Numbers, consult your financial institution.

You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution. **The account must be associated with the one person or one entity listed in Part 1, Line 1.**

Part 7

You must cross out item 2 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.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

For a joint account, only the person whose TIN is shown in Part 3 should sign.

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 application, the AO213P form 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 Sandra Adams at the above address or call 619-557-6777 or you may e-mail your questions to

Sandra.RamirezAdams@casb.uscourts.gov.