

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF IOWA**

In re: _____
(Debtor)

Case No. _____

Chapter _____

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

The undersigned, _____, applies to the Bankruptcy Court for the Northern District of Iowa for entry of an order directing the Clerk of the Court to remit to the applicant the sum of \$ _____, said funds having been deposited into the Treasury of the United States pursuant to an order of the Court as unclaimed funds for creditor _____.

1. Please check the appropriate box and provide the information requested:

- I am the creditor named in the above case.
- I am the President or Chairman of the Board of Directors of the creditor listed above which is a corporation or I am a general partner of the creditor which is a partnership. I am authorized by the creditor to seek payment of this claim and I have attached proof of my authority to act.
- I am the legal representative of the creditor named above and I have attached an original, notarized power of attorney (or other document giving applicant the right to act on behalf of the creditor) to this application. [Note that if you are the representative of a deceased creditor you must attach a death certificate and proof of authority to act for the estate of the creditor.]
- I am a successor in interest (or it's legal representative) and I have attached documentation that establishes my right to make this claim. [Please attach a detailed history showing the succession of interest from the named creditor to you or the entity that you represent.]

2. I have no knowledge that any other party may be entitled to the funds and am not aware of any dispute regarding these funds.

3. I have sent a copy of the motion and supporting documentation to the U.S. Attorney for the Northern District of Iowa, 111 Seventh Avenue SE, Cedar Rapids, IA 52401.

4. I understand that pursuant to 18 U.S.C. §152, I may be fined not more than \$5,000.00, or imprisoned not more than five years if I have knowingly and fraudulently made any false statements in this document or provided false and fraudulent documentation as part of this application.

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Application for Payment of Unclaimed Funds

Respectfully submitted this _____ day of _____, 20____.

Typed or printed name of Creditor

Signature of Applicant

Name and Title of Applicant

Company Name

Street Address

City, State, Zip Code

Telephone Number

Tax Identification

Social Security Number