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: Eastern District of Oklahoma

Case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fill in this Information to identify the case:**

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| --- | --- | --- |
| **Local Form 1340 (12/23)**  **APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS** | | |
| 1. **Claim Information**   For the benefit of the Claimant(s)[[1]](#footnote-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: |  | |
| 1. **Applicant Information**   Applicant[[2]](#footnote-2) 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 Record[[3]](#footnote-3) 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. | | |
| 1. **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 on Local Form 1340A Supporting Documentation. I understand that this information must be filed as a separate document and will not be available for public viewing. | | |
| 1. **Certificate of Service**   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***  ***Eastern District of Oklahoma***  ***520 Denison Ave ATTN: Civil***  ***Muskogee OK 74401***  Applicant has sent a copy of the Application for Payment of Unclaimed Funds to Previous Owner(s) of Claim (if applicable) at the following address:  [Enter name and current address for each previous owner served, or provide statement with your application addressing why service is not possible.] | | |
| **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: |
| **Any party objecting to the Claimant’s request in the application shall, file with the court an objection to the application and serve the objection upon the Applicant and other appropriate parties within fourteen (14) days of the filing of the application.**  **If no objection is filed with the court within fourteen (14) days after the filing of the application, the application and accompanying documents may be considered and ruled upon by the court without a hearing** .  **If the application is deficient, the Clerk’s office may enter a notice for the Applicant to provide additional proof of identity or entitlement to the funds.** | | |

**UNITED STATES BANKRUPTCY COURT**

**EASTERN DISTRICT OF OKLAHOMA**

In re: Case No.

Chapter

Debtor /

CERTIFICATE OF SERVICE

*(WHEN NOTICE IS ACCOMPLISHED BY MAIL OR SERVICE OTHER THAN ELECTRONIC)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare under penalty of perjury that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I mailed copies of the foregoing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ along with a copy of the Notice of Electronic Filing “NEF” (or copies of the attached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_along with a copy of the Notice of Electronic Filing “NEF” ) in compliance with Local Rule 5005-1(E) by first class mail postage prepaid to each entity named below at the address stated below for each entity:

(state name and address for each entity served)

Executed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: S/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address

1. The Claimant is the party entitled to the unclaimed funds. [↑](#footnote-ref-1)
2. The Applicant is the party filing the application. The Applicant and Claimant may be the same. [↑](#footnote-ref-2)
3. The Owner of Record is the original payee. [↑](#footnote-ref-3)