

**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 Southern District of Ohio

Case number:

**Form 1340 (12/23)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> 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**

Applicant<sup>2</sup> represents the following:

- ☐ The Claimant is the Owner of Record<sup>3</sup> 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.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> 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  
Southern District of Ohio  
303 Marconi Boulevard, Suite 200  
Columbus, Ohio 43215

**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

\_\_\_\_\_  
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)

\_\_\_\_\_  
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.

*[Notarial wording to be adjusted based on state requirements]*

(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.

*[Notarial wording to be adjusted based on state requirements]*

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO

In re

Case No. \_\_\_\_\_

\_\_\_\_\_  
Debtor(s)

Judge: \_\_\_\_\_

Chapter: \_\_\_\_\_

**NOTICE OF APPLICATION**

\_\_\_\_\_ has filed an Application for Payment of Unclaimed Funds with the court. **Your rights may be affected.** You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you do not want the court to grant the relief sought in the application, then on or before **twenty-one (21) days from the date set forth in the certificate of service for the application**, you must file with the court a response explaining your position by mailing your response by first class mail to: *(select office where case is/was pending)*

OR your attorney must file a response using the court's ECF System.

The court must **receive** your response on or before the above date. You must also send a copy of your response either by 1) the court's ECF System or by 2) first class mail to:

Name:

Address:

and, *(list below the names and addresses of others to be served)*

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the application and may enter an order granting that relief without further hearing or notice.

## CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Application for Payment of Unclaimed Funds and its supporting documentation were served on the following by first class mail on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Debtor:**

**Owner of Record (if applicable):**

**Debtor's Attorney:**

**All Previous Owners (if applicable):**

**Case Trustee:**

United States Attorney  
303 Marconi Boulevard, Suite 200  
Columbus, Ohio 43215

*Indicate the office that was served:*

☐

United States Trustee (Cincinnati cases)  
550 Main Street, Suite 4-812  
Cincinnati, Ohio 45202

☐

United States Trustee (Columbus and Dayton cases)  
170 North High Street, Suite 200  
Columbus, Ohio 43215

/s/ \_\_\_\_\_  
Applicant's signature