

United States Bankruptcy Court
Western District of Michigan
One Division Avenue North, Room 200
Grand Rapids, MI 49503

Application for Release of Unclaimed Funds

The burden of proof lies with the claimant to show legal ownership of unclaimed funds. The Court requires that you supply at least two (2) forms of evidence that the claimant is the party legally entitled to funds held in the registry of the Court.

SUGGESTED FORMS OF EVIDENCE (*indicates required documentation):

Individual:

- *W-9
- *Copy of Driver's License
- *Copy of Social Security Card
- Copy of Marriage Certificate or Divorce Decree (if name has changed)
- Copy of a document with the former address
- Copy of Proof of Claim or other documents from the Bankruptcy case file
- *If original claimant is deceased, appropriate documentation to establish that the person executing the request for funds is authorized to act on behalf of the decedent's estate, such as certified copies of probate documents, including a copy of the death certificate and appointment of executor.

Company:

- *W-9
- Company's letterhead
- *Corporate Seal if the claimant is a corporation
- *Company business card or other corporate identification of claimant's representative
- Incorporated or Formed documents with year, state, and federal tax ID number
- Copy of Proof of Claim or other documents from the Bankruptcy case file
- *If the claimant is a corporation, partnership or other entity named as the claimant, the person acting on behalf of the claimant should indicate that (s)he has reviewed all records of the claimant and state that no other request for the funds has been submitted by or at the request of the claimant.
- *Documentation which establishes that the person executing the request is authorized to do so must be attached or the request will be returned.
- *If the requesting party is a successor in interest to a previous corporate claimant, documentation must be attached to establish the legal right of the applicant to the accounts receivable of the original claimant corporation. Copies of all documents evidencing successor assignment must be appended to the request.

The Application for Release of Unclaimed Funds must be completed in its entirety and a copy sent to the United States Attorney at:

U.S. Attorney
PO Box 208
Grand Rapids, MI 49501

REQUIRED ITEMS THAT MUST BE COMPLETED:

- Proof of Service, including the date of service, of a copy of the Application on the United States Attorney
- Affidavit or Sworn Statement that you are the actual creditor or legal owner of the Unclaimed Funds in the case and that you formerly occupied the address of record (state address as you remember it). Affidavit must include current address and telephone number of a person knowledgeable about the claim.
- The signature of the claimant on the Application and Affidavit must be signed under oath in the presence of a Notary Public and the Notary's signature and seal affixed to the documents.
- If the requesting party is an attorney or "funds locator" who has been retained by the claimant, a notarized "power of attorney" from an individual claimant or from a duly authorized representative for the corporation, partnership or other entity named as the claimant must be attached. Any document that establishes that the person executing the "power of attorney" is authorized to so act must be attached. If applicable, the corporate seal of the claimant must be affixed to the power of attorney.
- Proposed Order, complete with amount due to the claimant, and current name and address of claimant
- Completed W-9

Mail the original with original signatures to:

U.S. Bankruptcy Court
One Division Avenue North, Room 200
Grand Rapids, MI 49503

ALL CORRESPONDENCE MUST BE FILED WITH THE COURT CONVENTIONALLY (BY PAPER), AND WILL BE PROCESSED IN ORDER OF DATE RECEIVED. PLEASE ALLOW AT LEAST 8 WEEKS FOR PROCESSING.

[Application for Release of Unclaimed Funds \(Claimant\)](#)

[Application for Release of Unclaimed Funds \(Locator\)](#)

All applications are subject to final approval by the U.S. Bankruptcy Judge.

Falsification of an Application for Release of Unclaimed Funds is illegal and subject to fines, penalties, sanctions, and/or imprisonment pursuant to Title 18, United States Code.

FOR THE COURT:
Daniel M. LaVille, Clerk

For questions, please call the
Finance Department at 616-456-2263

**United States Bankruptcy Court for the
Western District of Michigan**

IN RE:

Case No.

Debtor(s)

_____ /

APPLICATION FOR RELEASE OF UNCLAIMED FUNDS

IT APPEARING THAT a dividend check in the amount of \$ _____ was issued by the trustee to _____, claimant in the above-referenced case.

IT ALSO APPEARING THAT said check was not negotiated by said payee and the trustee, pursuant to 11 U.S.C. Section 347(a), delivered the unclaimed funds to the Clerk, United States Bankruptcy Court. These funds are currently being held by the United States Treasury.

IT ALSO APPEARING THAT this application includes a signed and notarized affidavit of claimant which states that the undersigned is the legal owner of such funds.

IT ALSO APPEARING THAT the United States Attorney for the Western District of Michigan has been provided a copy of this application allowing 20 days from the date of service to file an objection to payment of these funds. A proof of service is made part of this application.

THEREFORE, an application is made for an order directing the Clerk of Court to pay said unclaimed funds to the order of _____, claimant, and mail said check to the following address:

_____.

Dated: _____

Claimant

Subscribed and Sworn Before Me this ____ day of _____.

SEAL

Notary Public in and for the State of _____

My commission expires: _____

AFFIDAVIT OF CLAIMANT

I, _____, do hereby state that I am the claimant to the unclaimed funds referenced in this application and that I am, to the best of my knowledge, the legal owner of these funds. My mailing address and phone number are

Dated: _____
_____ Claimant (or Representative of Corporation)

Subscribed and Sworn Before Me this ____ day of _____.

SEAL

My Commission Expires: _____
_____ Notary Public In and For the State of

PROOF OF SERVICE OF APPLICATION ON UNITED STATES ATTORNEY

Notice is hereby given that on _____ a copy of the Application for Release of Unclaimed Funds with Affidavit was served on the United States Attorney for the Western District of Michigan, P.O. Box 208, Grand Rapids, MI 49501-0208 by United States Mail.

Dated: _____
_____ Claimant

**United States Bankruptcy Court for the
Western District of Michigan**

IN RE:

Case No.

Debtor(s)
_____ /

ORDER FOR RELEASE OF UNCLAIMED FUNDS

IT APPEARING THAT the amount of \$ _____ constituting unclaimed funds due to _____, claimant in the above-referenced case, are on deposit with the United States Treasury.

IS ALSO APPEARING THAT _____, claimant, has furnished the required documentation for release of unclaimed funds and has complied with the provisions of 28 U.S.C. Section 2042.

THEREFORE, IT IS HEREBY ORDERED THAT the Clerk of Court shall pay the unclaimed funds in the amount of \$ _____ to the order of _____, claimant, and mail the check to _____.

Dated: _____

United States Bankruptcy Judge

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

VENDOR INFORMATION/CERTIFICATION

Vendor Information:	Financial Information:										
Name	Bank Name										
Business Name <i>(if different from above)</i>	City										
Address 1	State Zip										
Address 2	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
City	Routing Number <i>(this nine digit number appears on your checks, but do not include individual check numbers)</i>										
State Zip	Account Number										
Soc Sec/Federal ID #	Type of Account: <i>(select one)</i>										
DUNS #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings										
Telephone Number:											

Type of Organization for 1099 reporting:

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

Certification

Tax Payer Identification Number *(TIN number)*: _____

Under penalties of perjury, I certify that:

1. The number above is my correct taxpayer identification number (or I am waiting for a number to be 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 check box next to item 2 above 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)" 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
-] 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 than one of the preceding

Date: _____

Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered Central Contractor Registration (CCR) vendors. (Check www.ccr.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)*

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

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

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: AOdb_OFB_Client_Service_Desk/DCA/AO/USCOURTS
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.