

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: Eastern District of Oklahoma

Case number:

Local Form 1340 (12/23)

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 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 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. 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: _____

<p>6. Notarization STATE OF _____</p> <p>COUNTY OF _____</p> <p>This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____</p> <p>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.</p> <p>(SEAL) Notary Public _____</p> <p style="text-align: center;">My commission expires:</p>	<p>6. Notarization STATE OF _____</p> <p>COUNTY OF _____</p> <p>This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____</p> <p>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.</p> <p>(SEAL) Notary Public _____</p> <p style="text-align: center;">My commission expires:</p>
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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