

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF RHODE ISLAND**

**IN RE:**

\_\_\_\_\_

**Debtor(s).**

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

**Chapter** \_\_\_\_\_

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

\_\_\_\_\_ (“Applicant”) applies to this Court for entry of an order directing the Clerk to remit the sum of \$ \_\_\_\_\_ due to \_\_\_\_\_ (“Claimant”).

1.	<b>Full legal name of Claimant</b> <i>(If Claimant is an individual, skip to Question No. 5)</i>	
2.	<b>Type of Entity</b> (corporation, LLC, partnership)	
3.	<b>State of Incorporation/Organization</b>	
4.	<b>Name and Title of Authorizing Officer or Representative</b>	
5.	<b>Current Mailing Address</b>	
6.	<b>Telephone Number</b>	
7.	<b>SS# (last 4 digits only) or EIN #</b>	
8.	<b>Amount Being Claimed</b>	

Applicant represents that Applicant is authorized to submit this Application and is entitled to receive the requested funds based upon:

*(check the applicable box)*

- Applicant is the original creditor and owner of the funds as it appears on the records of this Court;
- Applicant is the assignee of the original creditor’s claim to said funds, as evidenced in the attached documentation;
- Applicant is the original creditor’s successor in interest, as evidenced in the attached documentation;

- Applicant is an attorney or “funds locator” named in a special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of Rhode Island, that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. Applicant states that the Claimant is the:

*(check the applicable box)*

- original creditor and owner of the claim;
- original creditor’s attorney with authorization to receive said funds;
- assignee of the original creditor’s claim to said funds;
- successor in interest of the original creditor; or
- personal representative of the original creditor’s estate.

Attached to the Application is the “Affidavit of Claimant.” *(The Affidavit of Claimant is required only if the Applicant is an attorney or funds locator.)* Applicant completed all necessary information on the Affidavit of Claimant prior to providing such Affidavit to the Claimant for execution. *(This is necessary to ensure that the alleged claimant, contacted by a funds locator, has sufficient information to verify that he/she/it is in fact entitled to the funds that the attorney or “funds locator” is applying for on behalf of the Claimant.)*

This Application is submitted with the necessary documents to establish (1) Applicant’s authority to collect the unclaimed funds on behalf of the Claimant and (2) the Claimant’s entitlement to the particular unclaimed funds. The Application was completed and submitted in accordance with this Court’s **Instructions for Filing an Application for Payment of Unclaimed Funds**.

Applicant declares under penalty of perjury that sufficient inquiry has been made to determine that the above funds have not been previously paid, no other applications for payment of said funds are pending, and no party other than Claimant is entitled to submit a request for disbursement of the funds.

Applicant certifies that a copy of this Application (and all attachments) was provided to the Office of the United States Attorney, District of Rhode Island, Fleet Center, 50 Kennedy Plaza, 8’th Floor, Providence, Rhode Island 02903, as evidenced by the Certificate of Service attached hereto.

Applicant requests that the Court enter an Order directing payment of the unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant, in accordance with the documents submitted in support of the Application.



**Signature Block for an Entity**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant (if not an individual)

EIN #: \_\_\_\_\_  
(of the Applicant)

By \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone (including area code)

State of \_\_\_\_\_ )  
                                  ) ss.  
County of \_\_\_\_\_ )

Before me, \_\_\_\_\_, a notary public in and for said state, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared \_\_\_\_\_, as \_\_\_\_\_ [capacity, e.g. president, treasurer] who executed the within foregoing instrument on behalf of \_\_\_\_\_ [name of entity], and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed on behalf of said \_\_\_\_\_ [type of entity, e.g. corporation, limited liability company, partnership] for the uses and purposes therein set forth.

[SEAL]

\_\_\_\_\_  
Notary Public

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

**[FORM OF] CERTIFICATE OF SERVICE**

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on \_\_\_\_\_, a true and correct copy of the foregoing Application (and all attachments) was mailed via first class mail, postage prepaid, to:

United States Attorney  
District of Rhode Island  
Fleet Center  
50 Kennedy Plaza, 8<sup>th</sup> Floor  
Providence, RI 02903

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**UNITED STATES BANKRUPTCY COURT  
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**AFFIDAVIT OF CLAIMANT**

*(for use when Applicant is an attorney or  
funds locator)*

I, \_\_\_\_\_, the undersigned claimant (or duly authorized representative for the claimant as identified in paragraph (2)), declare as follows:

1. \_\_\_\_\_  
*(Name and Address of Funds Locator)*

has been granted a power of attorney to submit an Application For Payment of Unclaimed Funds (or I am the duly authorized representative for claimant as indicated in the attached power of attorney) seeking payment of:

*(select one):*

claim number \_\_\_\_\_ (if no claim was filed write “scheduled” in blank space) for which the dividend of \$ \_\_\_\_\_ is due and owing to me or the entity I represent as claimant in the above referenced bankruptcy case;

funds deposited in the name of the debtor in the amount of \$ \_\_\_\_\_.

2. My name, position with company *(if claimant is not an individual)*, address and telephone number are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Copies of all necessary documentation, including those which establish

the chain of ownership of the original corporate creditor (e.g., documents relating to a sale of company, purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds) and which substantiate claimant's right to the funds, are attached.

4. I (or the business that I represent as claimant) have neither previously received these funds nor contracted with any other party other than the person named in item one above to recover these funds.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of claimant or duly authorized representative of claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
EIN # of entity or last 4 digits of SS# of individual claimant

Sworn to and Subscribed before me on this \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_. [SEAL]

\_\_\_\_\_  
Notary Public  
In and for the State of \_\_\_\_\_

My Commission expires:

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF RHODE ISLAND**

**IN RE:**

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**ORDER FOR PAYMENT OF UNCLAIMED FUNDS**

**IT APPEARING** that pursuant to an Order previously entered by this Court, the amount of \_\_\_\_\_ was paid into the court by the Trustee for deposit into the U.S. Bankruptcy Court's Unclaimed Funds Account, representing funds paid to \_\_\_\_\_, which were not negotiated by said claimant; and

**IT FURTHER APPEARING** that the Claimant has made an official request to the Court for these funds to be paid, and the request and documents attached establish that the Claimant is entitled to Unclaimed Funds; and the Court having verified that the funds are available for distribution to this Claimant, and for sufficient reasons appearing,

**IT IS ORDERED** that the Clerk, U.S. Bankruptcy Court, shall process this request for payment to be issued from the Unclaimed Funds Account in the total amount of \_\_\_\_\_ payable to \_\_\_\_\_ and send said payment to payee at the following address:

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
U.S. Bankruptcy Judge

Entered on Docket:  
Document Number: