

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

In re:	Case Number
Debtor(s)	

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/We have no knowledge that any other party may be entitled to these funds, and I/we am/are not aware of any dispute regarding these funds.

NOTE: If there are joint claimants, complete the fields below for both claimants.

	Claimant	Joint Claimant
Amount:		
Name:		
Current Mailing Address:		
Phone Number:		
Email Address:		

2. Claimant Information

Applicant(s)² represent(s) the following:

- The Claimant(s) is/are the Owner(s) of Record³ entitled to the unclaimed funds appearing on the records of the court.
- The Claimant(s) (Successor Claimant(s)) is/are 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 owners of the claim:

- If the claimant(s) is/are Successor Claimant(s), Applicant(s) has/have 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(s) has/have enclosed a statement explaining why Applicant(s) was/were not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant(s) represent(s) the following:

- Applicant(s) is/are the Claimant(s).
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator.)
- Applicant is a representative of the deceased Claimant's estate.

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. Supporting Documentation

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documents with this application, as noted below. **See Instructions for more detailed information.**

If submitting a photocopy of a driver's license or state issued identification card as proof of identity, please submit copies of both the front and back of the card.

DOCUMENTS REQUIRED FOR OWNERS OF RECORD

Individuals

- Proof of Identity of Owner of Record.
- Notarized signature of Owner of Record.
- Completed AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

Business/Government Entities

- Application should be signed by authorized representative of the business or government entity.
- A notarized statement of the signing representative's authority.
- Proof of Identity of the signing representative.
- Completed AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

DOCUMENTS REQUIRED FOR SUCCESSOR CLAIMANTS OR REPRESENTATIVES OF DECEASED CLAIMANT'S ESTATE

Individuals

- Proof of Identity of Successor Claimant.
- Notarized signature of Successor Claimant on the application.
- Documentation sufficient to establish the successor claimant's entitlement to the unclaimed funds (e.g., chain of ownership or transfer of claim to the original Owner of Record).
- Completed AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

Business/Government Entities

- Application must be signed by authorized representative for and on behalf of the Successor Claimant, and signature must be notarized.
- Notarized power of attorney signed by an authorized representative.
- Proof of Identity of the signing representative.
- Documentation that establishes chain of ownership or the transfer of claim from the original Owner of Record.
- Completed AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

Deceased Claimant's Estate

- Proof of identity of the estate representative.
- Certified copies of probate documents or other documents authorizing the representative to act on behalf of the estate.
- Documentation that establishes chain of ownership or the transfer of claim from the original Owner of Record.
- Completed Form AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

DOCUMENTS REQUIRED FOR CLAIMANTS REPRESENTED BY ATTORNEYS OR FUNDS LOCATORS

Claimants Represented by Attorneys

- Proof of Identity of the attorney.
- Documentation that establishes Claimant's identity and entitlement to the funds, as set forth in the requirements for Owners of Record.
- Completed AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

Claimants Represented by Funds Locators

- Application must be signed by the Funds Locator.
- Proof of Identity of the Funds Locator.
- Notarized power of attorney signed by the Claimant or Claimant's authorized representative on whose behalf the Funds Locator is acting.
- Documentation sufficient to establish the Claimant's identity and entitlement to the funds, as set forth in the requirements for Owner of Record.
- Completed AO 213P (domestic claimants) or AO 215 and W-8 (foreign claimants).

5. Notice to the United States Attorney

Applicant(s) has/have sent a copy of this application and supporting documentation to the United States Attorney for the Eastern District of California, pursuant to 28 U.S.C. §2042, at the following address (select below). A Certificate of Service form is attached (see page 4) and must be signed and submitted along with this application.

United States Attorney
501 I Street, Suite 10-100
Sacramento, CA 95814

United States Attorney
2500 Tulare Street, Suite 4401
Fresno, CA 93721

The original application and supporting materials should be mailed to:

U.S. Bankruptcy Court
Attn: Finance
501 I Street, Suite 3-200
Sacramento, CA 95814

6a. 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.

Signature of Applicant:

Date:

Printed Name, Address, Telephone number, and Email address of Applicant:

6b. 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.

Signature of Co-Applicant:

Date:

Printed Name, Address, Telephone number, and Email address of Co-Applicant:

7a. Notarization

STATE OF _____
COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to 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.

Notary Public:

My commission expires:

(SEAL)

7b. Notarization

STATE OF _____
COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to 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.

Notary Public:

My commission expires:

(SEAL)

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

In re:	Case Number
Debtor(s)	

**CERTIFICATE OF SERVICE
OF APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

I declare under penalty of perjury that on _____, I mailed in a sealed envelope with prepaid postage, a true and correct copy of the completed **APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS** to the United States Attorney's office at the office indicated with a check mark, as well as any other party listed below.

**United States Attorney
501 I Street, Suite 10-100
Sacramento, CA 95814**

**United States Attorney
2500 Tulare Street, Suite 4401
Fresno, CA 93721**

Name(s) and address(es) of other parties served, if any. If additional parties are served, attach an extra sheet with their name(s) and address(es).

I declare under penalty of perjury under the laws of the United States that the information provided above is true and correct.

Date

Signature

Printed Name

Mail the original application and supporting materials to:

United States Bankruptcy Court
Attn: Finance
501 I Street, Suite 3-200
Sacramento, CA 95814

REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form. Vendors providing goods and services must use the AO 213 form.

Note: Typed forms and forms that include a populated Type of Payee may result in more efficient and precise processing. **For handwritten forms, please see the General Instructions for the list of options for the Type of Payee, Refund recipient only. Is the refund over \$200?, and Part 4 - U.S. Tax Classification, and Part 6 - Account Type drop down menus.

**Type of Payee

Refund recipient only. Is the refund over \$200?

Part 1 Payee Information

Line 1. Payee Name:

Line 2. Additional payee information: (if applicable)

Part 2 Business Name (if different from above)

Part 3 Enter **only one** TIN in the appropriate box. The TIN provided must match the name given in Part 1, Line 1.

EIN: - or SSN: -

Part 4 **Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.

Part 5 Mailing Address (where payments, orders, and IRS 1099 forms, as applicable, will be sent)

Street Address:

City: State: Zip code:

Point of Contact (if different from above):

Name: Phone #:

Email:

Part 6 Electronic Funds Transfer (EFT) Information

Owner(s) name appearing on bank account:

Bank Name:

Select an Account Type: Routing # (9 digits):

Account number (do not include check number)

Part 7 Additional Payees' Signatures

(if applicable for EFT payments)

By signing as a joint payee, you are authorizing the Judiciary to make a payment on your behalf to the bank account entered in Part 6.

Joint Payee(s) Signature(s): _____

Part 8 Certification of Account Holder

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Payee Signature: _____ Date: _____

Sensitive information must be securely maintained and only visible to designated staff.

REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form. Vendors providing goods and services must use the AO 213 form.

*Note: Typed forms and forms that include a populated Type of Payee may result in more efficient and precise processing. **For handwritten forms, please see the General Instructions for the list of options for the Type of Payee, Refund recipient only. Is the refund over \$200?, and Part 4 - U.S. Tax Classification, and Part 6 - Account Type drop down menus.*

****Type of Payee**

Refund recipient only. Is the refund over \$200?

Part 1 Payee Information

Line 1. Payee Name:

Line 2. Additional payee information: *(if applicable)*

Part 2 Business Name *(if different from above)*

Part 3 Enter *only one* TIN in the appropriate box. The TIN provided must match the name given in Part 1, Line 1.

EIN: - or SSN: - -

Part 4 **Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.

Part 5 Mailing Address *(where payments, orders, and IRS 1099 forms, as applicable, will be sent)*

Street Address:

City: State: Zip code:

Point of Contact *(if different from above):*

Name: Phone #:

Email:

Part 6 Electronic Funds Transfer (EFT) Information

Owner(s) name appearing on bank account:

Bank Name:

Select an Account Type: Routing # (9 digits):

Account number *(do not include check number)*

Part 7 Additional Payees' Signatures

(if applicable for EFT payments)

By signing as a joint payee, you are authorizing the Judiciary to make a payment on your behalf to the bank account entered in Part 6.

Joint Payee(s) Signature(s): _____

Part 8 Certification of Account Holder

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Payee Signature: _____ Date: _____

Sensitive information must be securely maintained and only visible to designated staff.

General Instructions

Purpose of the AO 213P: The Judiciary utilizes the AO 213P to collect information necessary to facilitate payment. For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-NEC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee may be subject to backup withholding – situations where the Judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the Treasury on the Judiciary's behalf must collect payee TINs to comply with the Treasury's TIN Policy.

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

****Type of Payee:** Select the option from the Payee Type drop down menu that most accurately reflects current business operations or type of individual requesting payment from the Judiciary.

The following are the available choices for this drop down menu:

- Business Entity
- Other
- Refund Recipient
- Unclaimed Fund Claimant
- Unclaimed Funds Trustee

****Refund recipient only. Is the refund over \$200?'**

- Yes
- No

Part 1, Line 1

Do not leave this line blank. Enter only one name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Name or Entity	Instructions
Individual	Enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name. For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it <u>was entered</u> on your IRS Form W-7 application, line 1a.
Sole proprietor or Single member LLC	Enter the name shown on IRS 1040/1040A/1040EZ. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Partnership, LLCs, or Corporations (except Single-member LLCs)	Enter entity name as shown on the entity's U.S. tax return in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Other entities (e.g., trusts, non-profit entities, government agencies)	Enter entity name in Part 1 as shown on required U.S. tax documents which matches the entity shown on the charter or legal document creating the entity, as applicable.

Part 1, Line 2

If this form is being completed so that a payment may be issued payable to more than one person or entity, enter in Part 1, Line 1, the name of the person or entity whose TIN you entered in Part 3. Additional names (e.g., "and" or "or") or additional information for U.S. Treasury check payments (e.g., "care of") must be entered in Part 1, Line 2.

If payments is to be made by...	Then, enter the following...
EFT to Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, Payee 2, AND Payee 3	Payee 1's name in Part 1, Line 1; Payee 2's name AND Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, Payee 2 OR Payee 3	Payee 1's name in Part 1, Line 1; Payee 2's name OR Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, CARE OF (c/o) Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's TIN in Part 3.

Part 2

If you have a business or DBA name, you may enter it in Part 2.

Part 3

Enter your or your entity's TIN in the appropriate box. The TIN must be the TIN associated with person or entity listed in Part 1, Line 1. If you are not a resident alien and do not have - and are not eligible to get - an SSN, your TIN is your ITIN. Enter it in the social security number box. If you are a sole proprietor and have an EIN, you may enter either your SSN or EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Part 4

****U.S Tax Classification:** Select the appropriate box in Part 4 for the U.S. tax classification of the person or the entity's whose name is entered in Part 1.

The following are the available choices for this drop down menu:

- Individual
- C Corporation
- S Corporation
- Single member LLC
- Government Entity (fed, state, local)
- LLC - C Corp
- LLC - S Corp
- LLC - Partnership
- Partnership
- Trust/Estate
- Non-Profit Organization
- Attorney or Law Firm (including LLCs and corporations)

Part 5

Enter your address (number, street, and apartment or suite number). This is where your paper Treasury check and any information returns (e.g., 1099-MISC; 1099-NEC; 1099-INT), if applicable, will be mailed. A point-of-contact (POC), email, and phone number may be entered, if desired. A POC must be entered should the POC differ from the entity or individual in Part 1, Line 1.

Part 6

The Routing Number must be nine digits. If you are unsure of your banking information, consult your financial institution.

****Account Type:** You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution.

The following are the available choices for this drop down menu:

- Checking
- Savings

Part 7

For EFT payments, joint payees signing this form are authorizing one payment be made to the bank account entered in Part 6. Any associated tax reporting after receipt of the payment is the responsibility of the recipient of funds.

Part 8

For a payment issued to more than one person or entity, only the person whose TIN is shown in Part 3 should sign. As a signer, you must cross out item 2 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.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in 26 CFR 301.7701-7).

For a joint account EFT payment or a joint payment by a Treasury check, only the person whose TIN is shown in Part 3 should sign.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA**

In re:)	
)	Case No.
)	
)	
)	
)	
_____ Debtor(s).)	

ORDER FOR PAYMENT OF UNCLAIMED FUNDS

This matter comes before the Court pursuant to 11 U.S.C. §347(a), 28 U.S.C. §2042, and the application of _____, seeking payment of funds previously unclaimed by _____ (creditor/claimant's name) in the above-entitled case. It appears from the application and supporting documentation that _____ is entitled to the funds paid into Court.

Therefore,

IT IS ORDERED that the Clerk is directed to pay \$_____ from the _____ to:

The funds may be disbursed only after 14 calendar days from the entry of this court's order to allow for the appeal period to pass.

DATED:

UNITED STATES BANKRUPTCY JUDGE

Unclaimed Funds in the Eastern District of California

What are unclaimed funds?

Unclaimed funds are deposited with the court when a trustee in a bankruptcy case is unable to distribute money from the bankruptcy estate to the parties who are entitled to it.

How do I know if the Bankruptcy Court for the Eastern District of California is holding unclaimed funds on my behalf?

You can search for funds that are owed to you by going to <https://ucf.uscourts.gov>, or by visiting our website at www.caeb.uscourts.gov, and clicking on the Unclaimed Funds link. You can search by debtor name, creditor name, or case number.

If the court is holding Unclaimed Funds on my behalf, how do I apply for them?

You can apply to the court to have the funds disbursed to you. Instructions for the application are below. *Incomplete applications and applications that are submitted without the necessary documentation will be returned to the filing party without the court disbursing any funds.*

Questions?

If you have any questions, please contact our Finance Department at 916-930-4437.

Applying for Unclaimed Funds

A person who is entitled to receive unclaimed funds is called a **claimant**. The person who is applying for the funds is called an **applicant**. The claimant and the applicant may be the same party, or the applicant may be applying on behalf of the claimant.

To apply to receive unclaimed funds, you need to determine what type of party you are.

- **Owner of Record:** An Owner of Record may be a person who originally filed a proof of claim in a case **or** a debtor who was supposed to receive some of the proceeds of items sold by the trustee. An Owner of Record can be an individual, a business, or a governmental agency.
- **Successor Claimant:** A Successor Claimant is someone who acquired the claim from the original owner of record. The claim may have been purchased by the successor claimant, the original owner of record may have assigned the claim to the successor claimant, or two or more companies/other entities may have merged.
- **Claimant's Non-Attorney Representative:** A claimant may hire a funds locator to find and recover funds that have been deposited with the court.
- **Claimant's Attorney:** An attorney may apply for funds held on behalf of a claimant.
- **Representative of Deceased Claimant's Estate:** The representative of a deceased claimant's estate may apply for funds held on behalf of a deceased owner of record.

Necessary Documentation

Everyone seeking to recover unclaimed funds must submit the court's Application for Unclaimed Funds (EDC 3-950). In addition, please see the table on the next page to determine which supporting documents must be submitted.

Party Type	Documentation Required in Addition to Application
Claimant is the Owner of Record (Individual)	<ul style="list-style-type: none"> ● Proof of Identity of Owner of Record* (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● Notarized signature of the Owner of Record on the application; ● AO 213P form (domestic claimant) or W-8 certification and AO-215 form (foreign claimant); and ● Order for Payment of Unclaimed Funds (EDC 6-950). <p>*proof of name change must be provided if owner's name has changed since funds were deposited with the court.</p>
Claimant is the Owner of Record (Business or Government Entity)	<ul style="list-style-type: none"> ● Application must be signed by authorized representative for/on behalf of the business or government entity; ● A notarized statement of the signing representative's authority; ● Proof of Identity of Signing Representative* (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● AO 213P (domestic claimant) or W-8 certification and AO-215 form (foreign claimant); and ● Order for Payment of Unclaimed Funds (EDC 6-950) <p>*proof of name change must be provided if owner's name has change since funds were deposited with the court.</p>
Successor Claimant (Individual – entitled to unclaimed funds by assignment, purchase, merger, etc.)	<ul style="list-style-type: none"> ● Proof of Identity of Successor Claimant (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● Notarized signature of the Successor Claimant on the application; ● Documentation sufficient to establish the successor claimant's entitlement to the unclaimed funds (e.g., chain of ownership or transfer of claim from the original Owner of Record); ● AO 213P (domestic claimant) or W-8 certification and AO-215 form (foreign claimant); and ● Order for Payment of Unclaimed Funds (EDC 6-950)
Successor Claimant (Business or Government Entity–entitled to unclaimed funds by assignment, purchase, merger, etc.)	<ul style="list-style-type: none"> ● Application must be signed by authorized representative for/on behalf of the business or government entity; ● Proof of the successor claimant or claimant representative's authority (e.g., notarized power of attorney); ● Proof of Identity of Signing Representative* (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● Documentation sufficient to establish the successor claimant's entitlement to the unclaimed funds (e.g., chain of ownership or transfer of claim from the original Owner of Record); ● AO 213P (domestic claimant) or W-8 certification and AO-215 form (foreign claimant); and ● Order for Payment of Unclaimed Funds (EDC 6-950)
Claimant Represented by Non-Attorney Representative (Unclaimed Funds Locator)	<ul style="list-style-type: none"> ● Application must be signed by Funds Locator; ● Proof of Identity of Funds Locator (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● Proof of claimant representative's authority (e.g., notarized power of attorney); ● Documentation sufficient to establish the claimant's entitlement to the unclaimed funds. ● AO 213P (domestic claimant) or W-8 certification and AO-215 form (foreign claimant), and ● Order for Payment of Unclaimed Funds (EDC 6-950)
Claimant Represented by Attorney	<ul style="list-style-type: none"> ● Proof of Identity of Attorney (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● Documentation sufficient to establish the claimant's entitlement to the unclaimed funds. ● AO 213P (domestic claimant) or W-8 certification and AO-215 form (foreign claimant); and ● Order for Payment of Unclaimed Funds (EDC 6-950)
Deceased Claimant's Estate	<ul style="list-style-type: none"> ● Proof of Identity of Estate Representative (e.g., unredacted copy of <u>both</u> front and back of driver's license <u>or</u> state issued i.d. card, or U.S. Passport that includes current address); ● Certified copies of probate documents or other documents authorizing the representative to act on behalf of the decedent's estate; ● Documentation that establishes the deceased Claimant's identity and entitlement to funds; ● AO 213P (domestic claimant) or W-8 certification and AO-215 form (foreign claimant); and ● Order for Payment of Unclaimed Funds (EDC 6-950)

Filing Out the Application

Case Information

The top of the form contains the name of the debtor(s) (the party or parties who originally filed the Bankruptcy case), the Bankruptcy case number, and the chapter. This information can be obtained from the court if you do not already have it.

Section 1: Claim Information

This section contains the amount of the claim, the name of the claimant and joint claimant, if applicable, and contact information for the claimant(s). If you are unsure of the amount of the claim, contact the court.

Section 2: Claimant Information

Select the type of claimant who is filling out the application.

Section 3: Applicant Information

Check the box that describes the relationship between applicant and claimant.

Section 4: Supporting Documentation

This section provides a list of the types of documents that you will need to submit along with the application.

Section 5: Notice to the United States Attorney

You must serve a copy of the application and supporting documents on the Office of the U.S. Attorney for the Eastern District of California, as well as the debtor, debtor's attorney, and trustee.

Section 6: Applicant Declaration(s)

The application must be signed by each applicant. However, you should wait to sign the application until you are in the presence of a notary public.

Section 7: Notarization

Take the form to a notary public to be notarized. The form must be signed in the presence of the notary public.

Certificate of Service

Fill out this form by indicating which parties you sent the application to. This form must be filed along with the application.

Vendor Information/TIN Certification form (AO 213)

This form must be filled out by each claimant. If the application is for two claimants, each must fill out a separate Vendor Information/TIN Certification form.

Sending the Application to the Court

When the application has been completed, send it along with any supporting documentation along with a copy of the application and supporting documents, to the Bankruptcy Court at the following address:

U.S. Bankruptcy Court
Attn: Finance
501 I Street, Suite 3-200
Sacramento, CA 95814