

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO

In re:

Case No. _____

Debtor.

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

The undersigned applies to the Court for an order directing payment of unclaimed funds. The following information is true and correct to the best of my knowledge and belief:

1. Claim Information.

Owner of Claim as listed in the Court's records: _____.

Owner's last 4 SSN or EIN: _____.

Amount of Claim: \$ _____.

2. Applicant Information (check all that apply).

I am the owner.

I am an officer, employee, etc. of the owner. I have attached documentation establishing my authority to file this petition on behalf of the owner.

I am the attorney-in-fact for the owner. I have attached an original notarized power of attorney authorizing me to file this petition on the owner's behalf.

I am a personal representative, administrator, executor, or beneficiary of the owner's estate. Attached are certified copies of documents establishing my right to act on behalf of the estate.

I am a successor claimant. I have attached documentation showing each transfer of ownership.

I am an officer, employee, attorney-in-fact, etc. of the successor claimant, who is legally entitled to the claim listed above. I have attached documentation establishing my authority to file this petition on behalf of the successor claimant.

Other information not covered above: _____

3. No Knowledge of Another Claimant. I declare that I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding the funds.

4. Criminal Penalties for False statements. I understand that, pursuant to 18 U.S.C. §152, I will be fined not more than \$5,000.00, or imprisoned for not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

6. Photo Identification; W-9. A photocopy of my government-issued photo identification (e.g., driver's license or passport) is attached. A completed IRS form W-9 is also attached.

7. Notice to the United States Attorney. In accordance with 28 U.S.C. §2042, claimant certifies that a copy of this Application (and related attachments) has been mailed to the United States Attorney's Office, P.O. Box 607, Albuquerque, NM 87103 on the date shown below.

I certify under penalty of perjury, that the foregoing statements are true and correct to the best of my knowledge and belief.

Date _____.

Signature: _____

Name and title (type or print): _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Email address: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me on _____ (date)

by _____

(name and title of signer(s))

SEAL

(Signature of notarial officer)

(Name of Notary Typed, Printed or Stamped)

My commission expires: _____

Submit the application and supporting documentation, a completed IRS form W-9, and a copy of photo identification to: U.S. Bankruptcy Court, Attn: Financial Section, P.O. Box 546, Albuquerque, NM, 87103, or deliver in person to the Clerk's Office, 500 Gold SW, 10th Fl, Albuquerque NM.