

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: \_\_\_\_\_

Submit the application and supporting documentation, a completed IRS form W-9, and a copy of photo identification to: U.S. Bankruptcy Court, Financial Section, Pete V. Domenici U.S. Courthouse, 333 Lomas Blvd NW, Ste 360, Albuquerque, New Mexico 87102.