Debtor 1 **Enter text**

First Name Middle Name Last Name

Debtor 2 **Enter text**

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Middle District of Pennsylvania

Case number: **Enter text**

**Fill in this Information to identify the case:**

|  |  |  |
| --- | --- | --- |
| **Form 1340 (12/19)**  **APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS** | | |
| 1. **Claim Information**   For the benefit of the Claimant(s)[[1]](#footnote-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: | Enter text | |
| Claimant’s Name: | Enter text | |
| Claimant’s Current Mailing Address, Telephone Number, and Email Address: | Enter text | |
| 1. **Applicant Information**   Applicant[[2]](#footnote-2) 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 Record[[3]](#footnote-3) 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. | | |
| 1. **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. | | |
| 1. **Notice to United States Attorney**   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  Middle District of Pennsylvania  William J Nealon Federal Bldg & Courthouse  235 N Washington Ave, Ste 311  Scranton, PA 18503 | | |
| **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:Select date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant  Enter text  Printed Name of Applicant  Address:  Enter text  Telephone: Enter text  Email: Enter text | | **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: Select date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Co-Applicant (if applicable)  Enter text  Printed Name of Co-Applicant (if applicable)  Address:  Enter text  Telephone: Enter text  Email: Enter text |
| **6. Notarization**  STATE OF Enter text  COUNTY OF Enter text  This Application for Unclaimed Funds, dated Select date was subscribed and sworn to before me on Select dateby  Enter text  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.  (SEAL) Notary Public  My commission expires: Select date | | **6. Notarization**  STATE OF Enter text  COUNTY OF Enter text  This Application for Unclaimed Funds, dated Select date was subscribed and sworn to before me thisSelect date by  Enter text  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.  (SEAL) Notary Public My commission expires: Select date |

1. The Claimant is the party entitled to the unclaimed funds. [↑](#footnote-ref-1)
2. The Applicant is the party filing the application. The Applicant and Claimant may be the same. [↑](#footnote-ref-2)
3. The Owner of Record is the original payee. [↑](#footnote-ref-3)