

# THE UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF PENNSYLVANIA

RONALD REAGAN FEDERAL BUILDING  
228 Walnut Street, Room 320  
Harrisburg, PA 17101  
(717) 901-2800



274 MAX ROSEN U.S. COURTHOUSE  
197 South Main Street, Room 274  
Wilkes-Barre, PA 18701  
(570) 831-2500

Terrence S. Miller  
Clerk

Seth F. Eisenberg  
Chief Deputy

## Instructions Petition for Unclaimed Funds PLEASE READ CAREFULLY

The petition **MUST** be completed in its entirety and **signatures notarized**. A **properly executed power of attorney** is required **if you are acting on the behalf of an individual or corporation**. Any request for release of monies to another person or company, other than the listed creditor, **MUST** be accompanied by proof of rightful ownership as the Court may only disburse unclaimed funds upon full proof of the right thereto.

### Individual Claimant(s)

- If the order lists more than one creditor, the petition must be filed jointly and include all addresses for each claimant.
- Attach a copy of an official government identification, driver's license, passport, or military identification.
- Provide a brief history from the time the money was paid to the court to the present; a copy of a prior year(s) tax form, pay stub, or utility bill, that documents proof of a prior address and the individual's name.
- Complete and attach the form [W-9](#) - Request for Taxpayer Identification Number and Certification. Form must contain an original signature.

### Corporation or Partnership Claimant

- The petition must be signed by an authorized agent of the corporation or partnership with a statement of the signing agent's authority and the corporate seal.
- Attach a copy of account information and history, documenting proof of fund ownership.
- If the claimant's name differs from the order as a result of a merger, buyout, purchase, or corporate name change, supporting documentation must be provided substantiating such change.
- If the corporation or partnership is represented by an attorney or funds locator agent, a notarized power of attorney must be filed and contain the name of the U.S. Bankruptcy Court for the Middle District of Pennsylvania, the case number, case name, and the amount of the claim.
- Complete and attach the form [AO-213](#) – Vendor Information/TIN Certification. Form must contain an original signature.

### Deceased Party Claimant

- Copy of death certificate.
- Copy of will.
- Letter designating the executor for the estate.

**All unclaimed funds are payable to the original claimant and any successor in interest as provided for by supporting documentation should have the authority to negotiate the payment made out to the original claimant as checks will be made payable to the original claimant c/o the representative. In cases of a properly documented transfer or assignment of claim, the payment will be made to the applicant.**

**The original petition with supporting documentation should be sent to:**

**U.S. Bankruptcy Court  
Middle District of Pennsylvania  
274 Max Rosenn U.S. Courthouse  
197 South Main Street  
Wilkes-Barre, PA 18701**

**A copy of the petition with supporting documentation should be sent to:**

**U.S. Attorney's Office  
PO Box 309  
Scranton, PA 18501**



\_\_\_\_\_ D. Subparagraphs A, B & C above do not apply, but I am entitled to payment of such monies because (state basis for your claim): (describe below or use attachment if insufficient space is provided)

4. Petitioner has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding, the funds at issue.
5. I understand that, pursuant to 18 U.S.C. §152, I shall be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.
6. On \_\_\_\_\_ a copy of this document (fully completed) was mailed to the U.S. Attorney, at P.O. BOX 309, SCRANTON, PA 18501, per 28 U.S.C. §2042.

Executed on \_\_\_\_\_  
(date)

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Type or Print Petitioner's Name

\_\_\_\_\_  
Employer-Creditor's Signature

\_\_\_\_\_  
Type or Print Employer-Creditor's Name

\_\_\_\_\_  
Petitioner's or Employer-Creditor's Address and Phone No.

APPROVED AS TO FORM:

\_\_\_\_\_  
FINANCIAL ADMINISTRATOR

IT IS SO ORDERED:

\_\_\_\_\_  
Judge