THE UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF PENNSYLVANIA

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

Terrence S. Miller

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

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

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

In re:)	Chapter	
		Debtor(s)))	Case No	
		PETITION FOR UNCLAIMED	<u>FU1</u>	NDS AND ORDER THEREON	
dec				ry under the laws of the United States of America tements and information are true and correct:	
1.	unclain			Code, the trustee in this case paid (deposited) this ourt, which was subsequently deposited in the	
2.	_	titioning to receive the total amount of \$		on behalf of the creditor	
3. unc	_ A.	I am the creditor named in paragraph 2 funds is as follows: copy of original proof of claim (a or copy of trustee's final report show copy)	and ttacl		
		social security number or			
		tax payer identification r	ıuml	ber	
	_ B.		nis p	paragraph 2 and my title is Detition as provided by my employer's authorizing rization.	
	_ C.	authorized by the attached original nota aware of all pertinent state law requiren following is the creditor's address and p filing of the claim to present) which inc	rizeo nents ohon lude	ditor named in paragraph 2 and I am duly d power of attorney to file this petition. I am as regarding such powers of attorney. The ne number, and a brief history of the creditor (from es, if applicable, identification of any sale of the (describe below or use attachment if insufficient	

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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 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.	0,				
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.					
. 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					