

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA**

IN RE:

))
)) Case No.
))
))
Debtor(s).)

APPLICATION TO WITHDRAW UNCLAIMED FUNDS

The undersigned claimant (the "Claimant") files this Application to Withdraw Unclaimed Funds from the Court's Unclaimed Funds Registry. The Claimant is a creditor or debtor in the above-captioned bankruptcy case, or is an authorized representative of the creditor or debtor for whom funds are being held. In support of the Application, the Claimant states, under penalty of perjury, as follows:

1. The current name, address, telephone number, and last four digits of the social security number or tax payer identification number of the creditor or debtor for whom funds are being held in the Unclaimed Funds Registry are:

2. A dividend in the amount of _____ was awarded in this case to the above-named creditor or debtor, which dividend is currently unclaimed and held in the Court's Unclaimed Funds Registry.

3. To my knowledge, the reason why the dividend went unclaimed is because:

4. Attached hereto is a copy of the Unclaimed Funds Ledger and/or the Notice of Unclaimed Funds in the above-captioned case.
5. Attached hereto is documentation establishing that the Claimant is entitled to the unclaimed funds and a completed Form AO 213 for the payee, whose name, address, and telephone number are:

WHEREFORE, the undersigned Claimant requests that the Court order the release of the above-identified unclaimed funds and make the funds payable to the above-named payee.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATE:

Claimant's Name, Address & Telephone Number:

CLAIMANT'S SIGNATURE: _____

State of:

County of:

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____

Mail to: Bankruptcy Clerk, P.O. Box 70, Wheeling, WV 26003.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on the _____ day of _____,
20____, a copy of the Application to Withdraw Unclaimed Funds, and all related attachments,
was served, by first class mail, postage pre-paid, on the United States Attorney for the Northern
District of West Virginia at the following address:

US Attorney
c/o Civil Process Clerk
US Courthouse and Federal Building
1125 Chapline Street
Suite 3000
PO Box 591
Wheeling, WV 26003

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INSTRUCTIONS FOR SUBMISSION OF AN APPLICATION
FOR PAYMENT OF UNCLAIMED FUNDS

For All Applicants:

1. Submit a completed Application directly to the Court. Have your signature notarized and include the necessary proof of ownership of funds as directed below.
2. Attach to the Application a certificate of service evidencing that a copy of the Application, along with the supporting documentation, has been mailed to the Office of the United States Attorney for the Northern District of West Virginia. Notice to the U.S. Attorney is required in all instances. 28 U.S.C. 2042
3. Attach form AO 213.
4. Mail the entire application packet to:

Clerk, United States Bankruptcy Court
Northern District of West Virginia
P.O. Box 70
Wheeling, WV 26003

For Claimants in Multiple Cases: A separate Application must be prepared for each case with all the above requirements attached to each Application.

If no objection to the Application is timely filed with the Clerk, the Court will generally enter an order granting the Application. Fourteen days after entry of the order granting the Application, a voucher will be executed to pay the funds. At any time, the Court may elect to set an Application for a hearing.

Privacy Note: An Application submitted to the Clerk is available for public viewing, the attachments to the Application; however, are restricted and may only be viewed by the public pursuant to a Court order.

For Owners of Record:

When a claimant who is the original owner of record files an Application with the Clerk requesting release of the funds, the claimant must provide the following information:

- Proof of identity of the owner of record, such as a copy of a driver's license or social security card.

For Successor Claimants:

(1) Successor Business: When a successor business claimant petitions the Court for unclaimed funds, the claimant must provide the following:

- Proof of identity of the owner of record;
- A notarized power of attorney signed by an officer of the successor business;
- A statement of the signing officer's authority; and
- Documentation establishing chain of ownership from the original business claimant.

(2) Transferred Claims: When a successor claimant holding a transferred claim petitions the Court for unclaimed funds, the claimant must provide the following:

- Proof of identity of the transferred claim holder;
- Documentation evidencing the transfer of claim (Note: transfers of claim are to be filed in the case and must be evidenced in the case's Claims Register); and
- A statement of the signing officer's authority.

(3) Decedent's Estate: When the owner of record is deceased and the decedent's estate (Administrator, Executor, or Representative) petitions the Court for unclaimed funds, the decedent's estate must provide the following:

- Proof of identity of the owner of record;
- Proof of personal identity of the estate administrator, executor, or representative;
- Certified copies of probate documents establishing the representative right to act on behalf of the decedent's estate.

(4) Funds Locators: When a representative of the owner of record or representative of a successor claimant petitions the Court for unclaimed funds, the funds locator must provide the following:

- Proof of identity of the owner of record;
- A notarized, original power of attorney signed by the claimant on whose behalf the funds locator is acting;
- Proof of identity of the funds locator;
- Documentation sufficient to establish the claimant's entitlement to unclaimed funds.

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

VENDOR INFORMATION/TIN CERTIFICATION
Mandatory Information that MUST be provided before submission

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address	Other Address (If different from Vendor Address)
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name:	Address:
Business Name: <i>(if different from above)</i>	City:
Address 1:	State: Zip Code:
Address 2:	Phone #:
City:	Description: <i>(If needed)</i>
State: Zip Code:	
Phone #: E-mail:	
Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i>	
DUNS #	
Financial Information (If Requested)	
Bank Name:	Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>
City:	Account #:
State: Zip Code:	Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|---|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ; | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - Asian-Pacific American Black American Subcontinent Asian (Asian-Indian)American
 - Hispanic American Native American Other: _____

Date: _____

Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: Addition Change Vendor Code: _____ (*make entry only if change*)
 Active Inactive Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:	
Contact Name: _____	Email: _____
Telephone Number: _____	Email: _____

Identification of person making this request:	
Name: _____	
Telephone Number: _____	Originating Office: _____

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: [AOdb_OFB_Client_Service_Desk/DCA/AO/USCOURTS](mailto:AOdb_OFB_Client_Service_Desk@DCA/AO/USCOURTS). For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242. For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

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ORDER GRANTING APPLICATION TO WITHDRAW UNCLAIMED FUNDS

The Claimant filed an Application to Withdraw Unclaimed Funds from the Court's Unclaimed Funds Register. The Claimant represents to be either the owner of record of the funds or an authorized representative of the owner of record. After reviewing the Application, and after notice and an opportunity for a hearing, the Court finds:

1. The Court is holding unclaimed funds in its Unclaimed Funds Registry for the benefit of the owner of record, whose name, address, and last four digits of the owner's social security number or taxpayer identification number are:

2. The Claimant filed an Application to Withdraw Unclaimed Funds from the Court's Unclaimed Funds Registry. The Claimant is a creditor or debtor in the above-captioned bankruptcy case, or is an authorized representative of the creditor or debtor for whom funds are being held. The name, address, and telephone number of the Claimant are:

3. On receipt of the Claimant's Application to Withdraw Unclaimed Funds, the Clerk of Court issued notice to the United States Attorney of the Application allowing a specified period of time for the filing of an objection to the Application to Withdraw Unclaimed Funds.

4. No party timely filed an objection to the Application to Withdraw Unclaimed Funds.
5. The Claimant has established to the Court's satisfaction that the Claimant is entitled to payment of the unclaimed funds from the Court's registry.

Therefore, it is

ORDERED that the Application to Withdraw Unclaimed Funds be and hereby is GRANTED, and fourteen days following the entry of this Order, the Clerk of Court is directed to pay unclaimed funds¹ to the below payee in the amount specified:

Amount to be Paid:

Name of Payee, and Payee's Address:

SO ORDERED this _____ day of _____, 20_____.

Hon. Patrick M. Flatley
United States Bankruptcy Judge
Northern District of West Virginia.

Order prepared by (name address and telephone number):

¹ The Clerk of Court may withhold payment of unclaimed funds until such time as the payee submits a completed AO 213; provided that the AO 213 is not already of record in the case.