

Fill in this Information to identify the case:

Debtor 1

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if any)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: Southern District of Mississippi

Case number: _____

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)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: _____

Claimant's Name: _____

Claimant's Current Mailing Address:

Claimant's Current Telephone Number: _____

2. Applicant Information

Applicant² 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 Record³ 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.

3. 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 The Claimant is the party entitled to the unclaimed funds

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. 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:

Jackson Office

U.S. Attorney's Office
501 East Court Street, Suite 4.430
Jackson, MS 39201

Gulfport Office

U.S. Attorney's Office
1575 20th Avenue, 2nd Floor
Gulfport, MS 39501

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: _____

Signature of Applicant

Printed Name of Applicant

Address: _____

Telephone: _____

Email: _____

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: _____

Signature of Applicant

Printed Name of Applicant

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this ____ day of _____, 20__ by _____

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: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this ____ day of _____, 20__ by _____

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: _____