

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA**  
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In re:

Case No.  
Chapter

\_\_\_\_\_ Debtor \_\_\_\_\_ /

**APPLICATION TO WITHDRAW UNCLAIMED FUNDS**

Applicant, \_\_\_\_\_, applies to this court for entry of an order directing the clerk of the court to remit to the applicant the sum of \$ \_\_\_\_\_, said funds having been deposited into the Treasury of the United States pursuant to 28 U.S.C. § 2041 as unclaimed funds for claimant \_\_\_\_\_ . Applicant further states that:

1. (Indicate one of the following items:)

\_\_\_ Applicant is the individual claimant named in the "Notice of Deposit of Funds with the U.S. Bankruptcy Court Clerk" and states that no other application for this claim has been submitted by or at the request of this claimant.

\_\_\_ Applicant is the duly authorized representative for the business or corporation named as the claimant in the "Notice of Deposit of Funds with the U.S. Bankruptcy Court Clerk". Applicant has reviewed all records of the claimant and states that no other application for this claim has been submitted by or at the request of this claimant. **A local form Affidavit of Claimant (LF-28) and duly executed corporate power of attorney are attached and made a part of this application.**

\_\_\_ Applicant is an attorney or a "funds locator" who has been retained by the claimant. Applicant has obtained an original "power of attorney" from the individual claimant or the duly authorized representative for the business or corporation named as the claimant in the notice of deposit of funds into the court. **An original "power of attorney", conforming to the Official Bankruptcy Form and a Local Form Affidavit of Claimant (LF-28) are attached and made a part of this application.**

\_\_\_ Applicant is either a family member of the deceased claimant or a successor in interest to the individual or business named as the claimant in the notice of

deposit of funds into the court. **An original "power of attorney" conforming to the official bankruptcy form and/or other supporting documents, including probate documents which indicate applicant's entitlement to this claim are attached and made a part of this application.**

2. Applicant has made sufficient inquiry and has no knowledge that this claim has been previously paid, that any other application for this claim is currently pending before this court, or that any party other than the applicant is entitled to submit an application for this claim.
3. Applicant has provided notice to the U.S. Attorney pursuant to 28 U.S.C. § 2042.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Original Claimant  
\_\_\_\_\_

\_\_\_\_\_  
Address  
\_\_\_\_\_

Claim # \_\_\_\_\_

Sworn to and Subscribed before me  
on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, AT LARGE  
STATE OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
(Note: In addition to signing, complete all  
information below)

Last Four Digits of SS# \_\_\_\_\_  
Note: Individual applicant must also submit a separate  
form "Statement of Social Security Number(s) of  
Unclaimed Funds Applicant/Claimant" as required by  
Judicial Conference Privacy policy.

ID# \_\_\_\_\_

\_\_\_\_\_  
\*Print Name and Title of Applicant

\_\_\_\_\_  
Print Company Name

\_\_\_\_\_  
Print Street Address

\_\_\_\_\_  
Print City and State

\_\_\_\_\_  
Telephone (including area code)

\*Attach corporate power of attorney if applying as authorized representative of non individual claimant.