

Forms are generic suggestions. Parties and their attorneys should revise them to address the unique circumstances of each case.

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

DIVISION

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In re _____)
)
,) Case No. ____: ____ bk- ____ - ____
) Chapter
Debtor.*)
_____)

MOTION FOR PAYMENT OF UNCLAIMED FUNDS

Comes now the undersigned, to move the Court to enter an order directing payment of unclaimed funds now on deposit in the Registry of the United States Bankruptcy Court. Claimant is a ____ creditor ____ debtor (check one) in the above captioned bankruptcy case and on whose behalf funds were deposited. I have a right to claim said funds due to the following (insert reasons you have a right to claim said funds in the lines provided below):

Claimant certifies under penalty of perjury that all statements made by Claimant on this motion and any attachments required for this Motion is, to the best of Claimant's knowledge, true and correct. Accordingly, Claimant requests the Court to enter an Order authorizing payment of the dividend due upon this claim.

Name of Claimant: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: Home: _____ Work: _____
Last Four Digits of SS# or Tax ID Number: _____
Amount of Claim: _____

*All references to "Debtor" include and refer to both debtors in a case filed jointly by two individuals.

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I certify that I have mailed a copy of this Motion to the U.S. Attorney, Attn: Civil Procedures Clerk, 400 N. Tampa St., Ste. 3200, Tampa, FL 33602.

CLAIMANT'S SIGNATURE

DATE

[If filed by an individual, must include notary information below]

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 __, by
(name of person acknowledging).

(NOTARY SEAL)

Signature of Notary Public

Name of Notary, typed, printed or stamped

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____