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
www.flmb.uscourts.gov

In re   )
)
,   )   Case No. __:___bk-_____-___
)   Chapter
        Debtor.*   )
)
_____   )

APPLICATION 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 application and any supporting documents required for this application 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.

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

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_____