

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF ILLINOIS**

In re: _____
(Debtor(s))

Case No. _____

Chapter _____

**APPLICATION FOR PAYMENT OF:
(please check one of the following)**

UNCLAIMED FUNDS

SMALL DIVIDEND

The undersigned, _____, applies to the Bankruptcy Court for the Central District of Illinois 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 an order of the Court as unclaimed funds for creditor _____.

1. Please check the appropriate box and provide the information/documentation requested:

- I am the creditor named in the above case .
I have provided proof of my identity by one of the methods indicated below:
 - Appearing personally before the clerk of this court or the clerk's designee and providing documentation evidencing identity such as an unexpired driver's license or passport.
 - Attaching an **Affidavit of Claimant** with the signature and seal of a notary public indicating that the notary has examined the documents presented by the claimant/filer to establish identity.
- I am the President or Chairman of the Board of Directors of the creditor listed above which is a corporation or I am a general partner of the creditor which is a partnership. I am authorized by the creditor to seek payment of this claim and I have attached proof of my authority to act.
- I am the legal representative of the creditor named above and I have attached an original, notarized power of attorney (or other document giving applicant the right to act on behalf of the creditor) to this application. [Note that if you are the representative of a deceased creditor you must attach a death certificate and proof of authority to act for the estate of the creditor.]

- I am a successor in interest (or it's legal representative) and I have attached documentation that establishes my right to make this claim. [Please attach a detailed history showing the succession of interest from the named creditor to you or the entity that you represent.]
- 2. I have sent a copy of this Application for Payment of Unclaimed Funds and supporting documentation to the U.S. Attorney for the Central District of Illinois, 318 S. 6th Street, Springfield, IL 62701.

I have completed Form W-9 Request for Taxpayer Identification Number and Certification and have sent the original W-9 to the Finance Department, US Bankruptcy Court, Central District of Illinois, 226 US Courthouse, 600 E Monroe, Springfield, IL 62701.

Attached to this Application is a **Certificate of Service**. (The Certificate of Service must state what is being served, the date of service, the method of service, and the name and address of each party being served.

- 3. I have no knowledge that any other party may be entitled to the funds and am not aware of any dispute regarding these funds
- 4. I understand that pursuant to 18 U.S.C. §152, I may be fined not more than \$5,000.00, or imprisoned not more than five years if I have knowingly and fraudulently made any false statements in this document or provided false and fraudulent documentation as part of this application.

Respectfully submitted this ____ day of _____, 20__.

 Typed or printed name of Creditor

 Signature of Applicant

 Name and Title of Applicant

 Company Name

 Street Address

 City, State, Zip Code

 Telephone Number