

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII**

In re:

Case No.

Chapter

_____ Debtor[s]._____

APPLICATION FOR UNCLAIMED FUNDS

I declare, under penalty of perjury, that the following statements and information are true and correct:

1. I am requesting funds in the amount of \$_____ which have been paid into the court by the trustee in this case for the following creditor:

Name:

Address:

Last four digits of SS # or Fed. EIN # of the creditor:

2. Please check the appropriate box and provide the information requested below:

- G** I am the creditor named in paragraph 1.
- G** I am the President or Chairman of the Board of Directors of the creditor listed in paragraph 1 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.
- G** I am the legal representative of the creditor named in paragraph 1 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.]
- G** I am a successor in interest [or it's legal representative] and I have attached documentation which 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 which you represent].

3. I have sent a copy of the application and supporting documentation to the Office of

the U.S. Attorney at 300 Ala Moana Blvd., Room 6100, Honolulu, HI 96850.

4. I understand that pursuant to 18 U.S.C. §152, I may be fined not more than \$5,000, 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.

Signature of Applicant

Address of Applicant

Typed or printed name of Applicant

Telephone Number of Applicant

Email Address of the Applicant

STATE OF _____, COUNTY OF _____

On _____ before me, personally appeared _____
Date

The applicant who signed above 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 on: _____

Case Name:

Case no.

Verification of Funds on Deposit

A review of the financial records of this court indicates that unclaimed funds in the amount of \$_____ is being held for the creditor listed in paragraph 1 of the application.

Date:

Deputy Clerk

Agreement of United States Attorney

The undersigned employee of the Office of the U.S. Attorney for the District of Hawaii has received this application and does not oppose the payment of unclaimed funds to the applicant as has been requested.

Dated:

Office of the U.S. Attorney, District of Hawaii

ORDER APPROVING APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Upon review of the preceding application for unclaimed funds,

IT IS ORDERED that the application above is granted, and

IT IS FURTHER ORDERED that the Clerk may disburse the funds to the applicant.

Dated:

Robert J. Faris, Bankruptcy Judge