

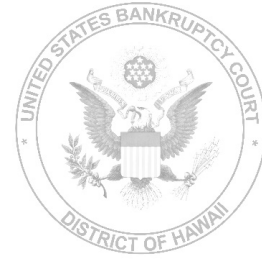
**Fill in this information to identify your case:**

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court - District of Hawaii

Case number \_\_\_\_\_



**Local Form H1340 (12/23)  
 APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	
Claimant's Name:	
Claimant's Address – <u>at time claim was filed:</u> <i>(if different from below)</i>	
Claimant's Current Mailing Address, Phone Number, & email Address:	

**2. Claimant Information**

Applicant<sup>2</sup> represents the following:

The Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.

The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:

If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation why doing so is not necessary.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Applicant Information**

Applicant represents the following:

Applicant is the Claimant.

Applicant is the Claimant's representative (e.g., attorney or unclaimed funds locator).

Applicant is a representative of the deceased Claimant's estate.

**4. Supporting Documentation**

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

The payee's taxpayer information (Form W-9 or alternate form) is attached.

**5. Notice to United States Attorney**

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of Hawaii  
300 Ala Moana Boulevard, Room 6100  
Honolulu, HI 96850.

**6. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g., 18 U.S.C. § 152.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Address:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Co-Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g., 18 U.S.C. § 152.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**7. Notarization**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

This 3-page Application for Payment of Unclaimed Funds, dated \_\_\_\_\_, was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_ ,

who signed above and is personally known to me (or provided 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: \_\_\_\_\_

**7. Notarization**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

This 3-page Application for Payment of Unclaimed Funds, dated \_\_\_\_\_, was subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_ ,

who signed above and is personally known to me (or provided 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: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

Office of the United States Attorney  
District of Hawaii  
300 Ala Moana Boulevard, Suite 6100  
Honolulu, HI 96850.

Names and addresses of any other parties served:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: