

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

Debtor 1

First Name	Middle Name	Last Name	

Debtor 2

(Spouse, if filing) First Name	Middle Name	Last Name	

United States Bankruptcy Court for the: Eastern District of Virginia

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

**Form 1340 edva (10/22)****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 Current Mailing Address, Telephone Number, and Email Address:

Brief History of Creditor/Claimant from the filing of the proof of claim to the present. (Attach additional sheets if necessary).

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the Court. (Non-natural persons must be represented by an attorney admitted to the Bar of the Court.)
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, acquisition, succession or by other means. (Non-natural persons must be represented by an attorney admitted to the Bar of the Court.)
- Applicant is Claimant's attorney.
- Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- Applicant has read Eastern District of Virginia Local Bankruptcy Rule 3011-1 and the Court's instructions for filing an Application for Payment of Unclaimed Funds and is providing the required supporting documentation with this application.

<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.

<p><b>4. Applicant Declaration</b>  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.</p> <p>Date: _____</p> <hr/> <p>Signature of Applicant</p> <hr/> <p>Printed Name of Applicant</p> <p>Address: _____</p> <hr/> <hr/> <hr/> <p>Telephone: _____</p> <p>Email: _____</p>	<p><b>6. Co-Applicant Declaration (if applicable)</b>  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.</p> <p>Date: _____</p> <hr/> <p>Signature of Co-Applicant (if applicable)</p> <hr/> <p>Printed Name of Co-Applicant (if applicable)</p> <p>Address: _____</p> <hr/> <hr/> <hr/> <p>Telephone: _____</p> <p>Email: _____</p>
<p><b>5. Notarization</b>  STATE OF _____</p> <p>COUNTY/CITY OF _____</p> <p>This Application for Payment of Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____</p> <p>_____ who signed above and 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.</p> <p>(SEAL) Notary Public _____</p> <p>My commission expires: _____</p>	<p><b>7. Notarization</b>  STATE OF _____</p> <p>COUNTY/CITY OF _____</p> <p>This Application for Payment of Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____</p> <p>_____ who signed above and 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.</p> <p>(SEAL) Notary Public _____</p> <p>My commission expires: _____</p>

**8. Notice of Application**

**Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)**

Under Local Bankruptcy Rules 3011-1 (G) and 9013-1, unless a written response to this application and supporting memorandum are filed with the Clerk of Court and served on the moving party within 21 days of the service of this notice objecting to the relief requested, the Court may deem any opposition waived, treat the application as conceded, and issue an order granting the requested relief without further notice or hearing. If you mail your response and supporting memorandum to the Court for filing, you must mail it early enough so the Court will receive it on or before the date stated above. The address for the Court is:

Alexandria Division  
United States Bankruptcy Court  
Eastern District of Virginia  
200 S. Washington St.  
Alexandria, VA 22314-5405

Newport News/Norfolk Divisions  
U.S. Bankruptcy Court  
Eastern District of Virginia  
600 Granby Street, Room 400  
Norfolk, VA 23510-1915

Richmond Division  
United States Bankruptcy Court  
Eastern District of Virginia  
701 East Broad Street, Suite 4000  
Richmond, VA 23219-1888

You must also mail a copy to the Applicant, the Office of the United States Attorney and the Office of the United States Trustee.

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

**9. Certificate of Mailing to United States Attorney and United States Trustee**

On \_\_\_\_\_, 20\_\_\_\_, Applicant has mailed copies of this application, notice of application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 and Local Bankruptcy Rule 3011-1 and to the Office of the United States Trustee pursuant to Local Bankruptcy Rule 3011-1, at the following addresses:

Office of the United States Attorney

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office of the United States Trustee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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