

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT**

In re:

Debtor 1: _____
 First Name Middle Name Last Name

Debtor 2: _____
(if any) First Name Middle Name Last Name

Case
No.: _____

Chapter: _____

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Local Form – CTB LF1340 (07/25)

1. Claim Information

For the benefit of the Claimant(s)¹ 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:

2. Claimant Information

Applicant² represents the following (*check all that apply*):

The Claimant is the Owner of Record³ 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:

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If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other 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 of why doing so is not necessary.

3. Applicant Information

Applicant represents the following (*check only one*):

Applicant is the Claimant.

Applicant is 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.

¹ The Claimant is the party entitled to the unclaimed funds

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record if the original payee.

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 Connecticut
Connecticut Financial Center
157 Church Street, 25th Floor
New Haven, CT 06510

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

Applicant's Address:

Applicant's Telephone: _____

Applicant's Email:

6. Co-Applicant Declaration (if applicable)

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)

Co-Applicant's Address (if applicable):

Co-Applicant's Telephone (if applicable): _____

Co-Applicant's Email (if applicable):

7. Notarization

STATE OF _____

COUNTY OF: _____

This 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 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
Signature: _____
Notary Public
Printed Name: _____

My commission expires: _____

7. Notarization (co-applicant portion, if applicable)

STATE OF _____

COUNTY OF: _____

This 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 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
Signature: _____
Notary Public
Printed Name: _____

My commission expires: _____