

To: Applicant for Withdrawal of Unclaimed Funds

Subject: Procedure for Applying for Payment of Unclaimed Funds

The following procedures must be followed in order to apply for the payment of unclaimed funds:

- Prepare an "Application for Order Directing Payment of Unclaimed Funds" and make sure to sign it. (example attached)
- Complete the attached "Affidavit of Creditor" form and have it **notarized**. Every application must include an "Affidavit of Creditor." The notarization must be visible and the notary must personally sign the document.
- If creditor is an individual, include a photocopy of your driver's license or some other form of personal identification with photograph.
- If creditor is a corporation, partnership, or other entity, include supporting documentation that the applicant is authorized to claim money on behalf of the corporation, partnership, or other entity.
- Claimant **must** complete and **sign** form AO-213 Vendor Information/TIN Certification. If you would like to receive your payment via Electronic Funds Transfer (EFT), please complete the Financial Information Section. Otherwise, you may leave that section blank.
- Mail or deliver all of the **original** documents to the Court Clerk's office at the following address:

United States Bankruptcy Court
Western District of Oklahoma
Attn: Tony Sossamon
215 Dean A. McGee Avenue
Oklahoma City, OK 73102

- Mail or deliver a **copy** of the completed "Application for Order Directing Payment of Unclaimed Funds" to the U.S. Attorney at the following address:

United States Attorney
Western District of Oklahoma
210 West Park Avenue, Suite 400
Oklahoma City, OK 73102

After submission of the application to the Clerk's office, processing the request will require from three to six weeks. Upon completion, a check or EFT will be sent to the applicant.

If you have questions about filling out and submitting the required documents or any other questions about the procedures, please contact Tony Sossamon at (405) 609-5755.

Example

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

IN RE:) CASE NO. 06-11111
)
John Q. Doe) CHAPTER 7, 12, or 13
(Debtor))
)

APPLICATION FOR ORDER DIRECTING PAYMENT
OF UNCLAIMED FUNDS TO CREDITOR/CLAIMANT

There having been a dividend/refund check in the above named case issued to Name
of Creditor/Claimant, in the amount of \$ 0.00, and said check
having not been cashed by said payee, the trustee pursuant to 11 U.S.C. §347(a) of the Bankruptcy
Code paid this unclaimed money to the Registry of the Clerk, United States Bankruptcy Court.

Applicant has made sufficient inquiry and has no knowledge that this claim has been
previously paid, that any other application for this claim is currently pending before this Court, or
that any other party other than this Applicant is entitled to submit an application for this claim.

Applicant has provided notice to the U.S. Attorney pursuant to 28 U.S.C. Section 2042.

THEREFORE, Application is hereby made for the Clerk, U.S. Bankruptcy Court to pay this
unclaimed money to Name and address of payee (creditor/
claimant).

01/01/06
Date

* Signature of Creditor/Claimant
* Print Name Here

Tax ID or last 4 #s of SSN

I hereby certify by my signature above, that a copy of the application was mailed on 01/01/06 to:

United States Attorney
210 Park Avenue, Suite 400
Oklahoma City, OK 73102

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

IN RE: _____) CASE NO. _____
 _____)
 (Debtor)) CHAPTER _____
 _____)
 _____)

**APPLICATION FOR ORDER DIRECTING PAYMENT
OF UNCLAIMED FUNDS TO CREDITOR/CLAIMANT**

There having been a dividend/refund check in the above named case issued to _____
 _____, in the amount of \$ _____, and said check
 having not been cashed by said payee, the trustee pursuant to 11 U.S.C. §347(a) of the Bankruptcy
 Code paid this unclaimed money to the Registry of the Clerk, United States Bankruptcy Court.

Applicant has made sufficient inquiry and has no knowledge that this claim has been
 previously paid, that any other application for this claim is currently pending before this Court, or that
 any other party other than this Applicant is entitled to submit an application for this claim.

Applicant has provided notice to the U.S. Attorney pursuant to 28 U.S.C. Section 2042.

THEREFORE, Application is hereby made for the Clerk, U.S. Bankruptcy Court to pay this
 unclaimed money to _____
 _____.

 Date

 Creditor Signature

Tax ID or last 4 #s of SSN

 Print name

I hereby certify by my signature above, that a copy of the application was mailed on _____ to:

United States Attorney
 210 Park Avenue, Suite 400
 Oklahoma City, OK 73102

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

| | | |
|----------|---|----------------|
| IN RE: |) | CASE NO. _____ |
| |) | |
| _____ |) | CHAPTER _____ |
| (Debtor) |) | |
| |) | |

AFFIDAVIT OF CREDITOR

State of _____ Tax ID or Last 4 #s of SSN: _____

County of _____

I, _____, the undersigned creditor/claimant in the above referenced case, being first duly sworn upon oath, state as follows:

1. I have submitted an Application for Payment from Unclaimed Funds seeking payment of claim no. _____, in the amount of \$_____, due and owing to me (or the entity I represent) as a creditor in the above referenced bankruptcy case.

2. That said creditor duly filed his/her claim in the above referenced bankruptcy case, which was thereafter duly allowed, and that said claim has not been sold or assigned, and that it is still the property of deponent.

3. I (or the entity I represent) have neither previously received remittance for the claim nor have contracted with any other party to recover these funds.

4. My name, position with company (if applicable), address and telephone number are as follows:

5. If the creditor/claimant is not an individual: I certify that I have the authority to represent the entity in this matter and sign legal documents on behalf of the entity.

I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

DATED: _____

Creditor Signature

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public

[SEAL]

My commission expires: _____.

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting Division

VENDOR INFORMATION/TIN CERTIFICATION
Mandatory Information that **MUST** be provided before submission

| |
|---|
| <input type="checkbox"/> Ex-AO Employee |
| <input type="checkbox"/> SAM Vendor (Formerly CCR) |
| (No TIN Certification Required) |

| Vendor Address Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099 | Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099 |
|---|---|
| Name: | Address: |
| Business Name: <i>(if different from above)</i> | City: |
| Address 1: | State: Zip Code: |
| Address 2: | Phone #: |
| City: | Description: <i>(If needed)</i> |
| State: Zip Code: | |
| Phone #: E-mail: | |
| Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i> | |
| DUNS # | |
| Financial Information | |
| Bank Name: | Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i> |
| City: | Account #: |
| State: Zip Code: | Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Type of Organization for 1099 reporting:

- | | |
|---|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ; | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - Asian-Pacific American Black American Subcontinent Asian (Asian-Indian)American
 - Hispanic American Native American Other: _____

Date: _____ _____
Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: Addition Change Vendor Code: _____ (*make entry only if change*)
 Active Inactive Vendor Type: _____

| | |
|---|--------------|
| The following information is optional for individuals whose name and telephone are already on the form: | |
| Contact Name: _____ | Email: _____ |
| Telephone Number: _____ | Email: _____ |

| | |
|---|---------------------------|
| Identification of person making this request: | |
| Name: _____ | |
| Telephone Number: _____ | Originating Office: _____ |

Please type or print clearly. Please type or print clearly. For JIFMS Users only, e-mail the completed form to: jifms@support.aotx.uscourts.gov. For Court FAS4T Users, send this form to the local court Vendor Administrator. For questions regarding JIFMS and Court FAS4T please contact SDSO at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.