

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.
- 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 two to six weeks. Upon completion, a check will be mailed 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.

LOCAL FORM 5

UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

IN RE: )  
 ) Case No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Debtor(s) name, )  
 ) Chapter \_\_\_\_  
Debtor(s). )

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

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

The undersigned creditor/claimant 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. § 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) \_\_\_\_\_).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of creditor/claimant

\_\_\_\_\_  
Tax ID or last 4 numbers of SSN

\_\_\_\_\_  
Print name of creditor/claimant

\_\_\_\_\_  
Address of creditor/claimant

I hereby certify by my signature above, that a copy of this Application was mailed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to the United States Attorney, 210 Park Avenue, Suite 400, Oklahoma City, OK 73102 and to the following:

- Panel Trustee
- Assistant United States Trustee
- Debtor
- Debtor's Attorney, if any
- Original Claimant, if different
- Original Claimant's Attorney, if discernible

\_\_\_\_\_  
Signature of creditor/claimant

UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

IN RE: )  
 ) Case No. \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_  
Debtor(s) name, )  
 ) Chapter \_\_\_\_\_  
Debtor(s). )

AFFIDAVIT OF CREDITOR/CLAIMANT

State of \_\_\_\_\_ ) Tax ID or Last 4 numbers of SSN:  
 ) : ss \_\_\_\_\_  
County of \_\_\_\_\_ )

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

1. \_\_\_\_\_ (Name and Address) has been granted a power of attorney by me to submit Application for Payment from Unclaimed Funds seeking payment of claim number \_\_\_\_\_, in the amount of \$\_\_\_\_\_, due and owing to me as a creditor/claimant in the above-referenced bankruptcy case.

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

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

3. If other than individual: Substantiate creditor's right to claim, including but not limited to, documents relating to sale of company, i.e., purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds. Attach certified copies of all necessary documentation.

4. I (or the entity I represent) have neither previously received remittance for the claim nor have contracted with any other party other than the person named in Item 1 above to recover these funds.

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

DATED: \_\_\_\_\_

\_\_\_\_\_  
Creditor/Claimant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Seal)