



2. *Amount of Distribution.* The Claimant was due to receive a distribution from the estate of the Debtor in the above-captioned case in the amount of \$ \_\_\_\_\_. The Claimant's Tax ID/Social Security Number and other required documentation are submitted separately with Exhibit A, and will be docketed as private docket events.

3. *Evidence of Funds Due.* The funds due Claimant were deposited with the Court pursuant to [11 U.S.C. § 347](#). As evidence thereof, the following document is appended to the Petition (check applicable box):

- a copy of the Unclaimed Funds Search web page;
- a copy of the court order depositing the funds into the Treasury/Registry as unclaimed;
- a copy of the receipt and attached list of parties entitled to the unclaimed funds;
- other supporting documentation (please describe): \_\_\_\_\_  
\_\_\_\_\_

4. *Legal Status of Petitioner.* The following checked statement applies:

- Petitioner is the Claimant.
- Petitioner is an attorney at law representing the Claimant.
- Petitioner is the Authorized Representative of the Claimant.
- Petitioner is an attorney at law representing the Authorized Representative of the Claimant.
- The above subparagraphs do not apply, but Petitioner is entitled to payment of such monies because (state basis for claim): \_\_\_\_\_  
\_\_\_\_\_

5. *Authorized Representative of Claimant.* If the Petitioner is the Authorized Representative of the Claimant, or an attorney at law representing the Authorized Representative of the Claimant, append to the Petition a notarized, original power of attorney signed by the Claimant on whose behalf the representative is acting.

6. *Status of Successor Claimant.* If the current Claimant is not the original holder of the claim, the following requirements apply:
- (a) *Successor Business.* If Claimant is a Successor Business Claimant, check this box  and append to the Petition the following documents:
    - a notarized power of attorney signed by an officer of the successor business;
    - a statement of the signing officer's authority; and
    - documentation establishing chain of ownership from the Business Claimant.
  - (b) *Transferred Claim.* If Claimant is a Successor Claimant holding a transferred (assigned) claim, check this box  and append to the Petition documentation evidencing the transfer of claim.
  - (c) *Decedent's Estate.* If the owner of record is deceased and the Claimant is the decedent's estate, check this box  and append to the Petition certified copies of probate documents establishing the representative's right to act on behalf of the decedent's estate.
7. *Verification of Claim.* Upon sufficient inquiry, and upon Petitioner's information and belief, this claim has not been previously paid, no other petitions or requests for payment are pending, and there are no other parties other than Claimant entitled to these funds.
8. *False Statements.* Petitioner understands that pursuant to [18 U.S.C. § 152](#), a fine or imprisonment, or both, may be imposed if Petitioner has knowingly and fraudulently made any false statements in this document.
9. *Exhibit A.* Petitioner certifies that the required proofs of identification attached to Exhibit A are legitimate and proper.
10. *Service.* Petitioner has served a copy of the Petition for Unclaimed Funds and Order Thereon, Exhibit A, and all attached documents by regular U.S. Mail this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to the United States Attorney for the Northern District of Ohio, Carl B. Stokes United States Courthouse, 801 West Superior Avenue, Suite 400, Cleveland, Ohio 44113. The United States Attorney is allowed 14 days from the date of service to file an objection to payment of these funds.

WHEREFORE, pursuant to [11 U.S.C. § 347](#), [28 U.S.C. § 2042](#), and [Local Bankruptcy Rule 3011-1](#), Petitioner requests that the Court issue an Order directing payment to the Claimant in the amount set forth in section 2, above, and that payment be forwarded to the Petitioner.

Under penalty of perjury, I, the Claimant, or the Authorized Representative of the Claimant, certify that:

1. The information contained herein is true and correct to the best of my knowledge, information, and belief;
2. The Tax ID/Social Security Number on Exhibit A is correct, and;
3. 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;
4. I am (a) an individual who is a U.S. citizen or U.S. resident alien, or (b) a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

(Corporate Seal, if applicable) \_\_\_\_\_  
*Signature of Claimant or Authorized Representative of Claimant* \_\_\_\_\_ *Date* \_\_\_\_\_

State of \_\_\_\_\_  
 County of \_\_\_\_\_

Before me on \_\_\_\_\_ personally appeared the Claimant or the Authorized Representative of Claimant (*insert name and title of signer*) \_\_\_\_\_

\_\_\_\_\_ 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, and acknowledged to me that (s)he executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument.

(SEAL)

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

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
*Petitioner's Signature (Bar Number if Attorney)*

\_\_\_\_\_  
*Petitioner's Address*

\_\_\_\_\_  
*Petitioner's Phone Number*

IT IS SO ORDERED.

# # #

EXHIBIT A

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO

In re:	)	Case No.
	)	
	)	Chapter
	)	
Debtors	)	Judge
	)	

Claimant's name is \_\_\_\_\_.

Claimant's full Tax ID/ Social Security Number is \_\_\_\_\_.

- If Petitioner is the Claimant or an Authorized Representative of the Claimant, check this box  and attach proof of identity\* of the Claimant or the Authorized Representative of the Claimant, whichever is applicable, to Exhibit A.
- If Claimant is a Successor Business Claimant, check this box  and attach proof of identity\* of the owner of record to Exhibit A.
- If Claimant is a Successor Claimant holding a transferred (assigned) claim, check this box  and attach proof of identity\* of the owner of record, and proof of identity of the Successor Claimant, to Exhibit A.
- If the owner of record is deceased and Claimant is the decedent's estate, check this box  and attach proof of identity\* of the owner of record, and proof of personal identity of the estate administrator, to Exhibit A.

\* Proof of identity includes a copy of either the current driver's license, government ID card, passport, or state-issued ID card of the appropriate person.