

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MASSACHUSETTS**

_____)
In re:)
)
)
)
)
Debtor(s))
_____)

Case No.
Chapter

PETITION FOR PAYMENT OF UNCLAIMED FUNDS

NOW APPEARS (petitioner) _____,
of (complete address) _____
and states that on (date) _____, (name of creditor) _____
became entitled to receive \$ _____ as a distribution in the above-titled case, and said
creditor appears on the records of this Court as the owner of these funds. The amount requested is
being held in the Treasury of the United States as unclaimed funds.

Petitioner represents that he/she/it is entitled to receive the requested funds based upon the
following: (Check the box(es) that apply):

- () petitioner is the OWNER of said funds, being the owner appearing on the records of this Court as evidenced in the attached proof of identity and proof of address as recorded on the Proof of Claim filed with the Court;
- () petitioner is the assignee of the owner's claim to said funds as **evidenced in the attached Assignment of Right;**
- () petitioner is the owner's successor in interest, as **evidenced in the attached identifying documents;**
- () petitioner is the personal representative of the owner's estate, as **evidenced in the attached identifying documents; or**
- () petitioner is named in a POWER OF ATTORNEY given to he/she/it by (grantor) _____, valid under the laws of the Commonwealth of Massachusetts, that empowers the petitioner to collect the unclaimed funds described above on behalf of the grantor in the petitioner's capacity:

- () as the owner of the claim evidenced in the attached proof of identity and proof of address as recorded on the Proof of Claim filed with the Court
- () as the owner's attorney at law, with authorization to receive said funds
- () as the assignee of the owner's claim to said funds **evidenced in the attached Assignment of Right;**
- () as the owner's successor in interest **evidenced in the attached identifying documents,** or
- () as the personal representative of the owner's estate.

Your petitioner submits with this petition following document(s) as proof of the petitioner's identity and status, and the owner's claim of entitlement:

[List all documents that are attached, e.g., power of attorney, formal assignment, proof of prior residence/location/ownership, court order, etc.]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

WHEREFORE, *petitioner submits him/her/itself to the personal jurisdiction of this Court* and requests that the Court enter an order directing payment of the unclaimed funds described above to the petitioner, or if the petitioner is not the owner, to the petitioner on behalf of the owner, in accordance with the documents submitted in support of this petition.

The petitioner declares under pains and penalty of perjury that the foregoing is true and correct:

Name of Petitioner: _____

Signature of Petitioner: _____

Title: _____ Date: _____

NOTARY PUBLIC

Commonwealth of _____

County of _____

The above named _____ personally appeared before me. She/he is known to me to be the person holding the office and authority represented and he/she acknowledges the foregoing to be his/her free act.

DATE: _____

(Notary Public)

My commission expires: _____

(notary seal)

NOTE:

The person or entity petitioning the Court for payment of the unclaimed funds MUST send a copy of this petition and all attachments to the entities noted below and complete the Certificate of Service below. Failure to complete the Certificate of Service will delay the review and processing of your request.

CERTIFICATE OF SERVICE

The petitioner mailed a copy of this petition and all attachments to:

- (1) United States Attorney *
District of Massachusetts
U.S. Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

- (2) The Trustee * in the case at

- (3) The Office of the United States Trustee *
at the appropriate address:

For Boston cases (Case number begin with "1"):

Office of the United States Trustee
John. W. McCormack Post Office and Court House
5 Post Office Square, Suite 1000
Boston, MA 02109-3945

OR

For Worcester cases (Case number begin with "4"):

Office of the United States Trustee
446 Main Street, 14th Floor
Worcester, MA 01608

- (4) The Attorney for the Debtor *

***Indicates copy must be sent to this entity.**

This petition and ALL attachments were mailed postage paid to the above noted parties on:

(Date) _____NAME -
TYPED/PRINTED

(Signature)

NOTICE OF RESPONSE TIME

Within twenty (20) days after service of this notice, and an additional three (3) days pursuant to Fed. R. Bankr. P. 9006(f) (if you were served by mail), any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the

Clerk's Office
U.S. Bankruptcy Court
John W. McCormack Post Office and Court House
5 Post Office Square, Suite 1150
Boston, MA 02109-3945
Telephone: (617)748-6610 or (617)748-6607

If no objection or other response is timely filed within the time allowed herein, the paper will be deemed unopposed and will be granted, unless: (1) the requested relief is forbidden by law; (2) the requested relief is against public policy; (3) the petitioner has failed to provide adequate proof of ownership or settlement; or (4) in the opinion of the Court, the interest of justice requires otherwise.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS**

In re:

Chapter
Case No.

Debtor(s)

ORDER FOR PAYMENT OF UNCLAIMED FUNDS

It appearing that the funds from an uncashed dividend check in the amount of \$ _____ made payable to _____, a creditor in this case, were deposited with the United States Treasury and credited to the Unclaimed Funds Account of this Court, and that the proper recipient for said funds has now been located by the (petitioner) (petitioner and the owner).

IT IS HEREBY ORDERED that the Clerk of the Bankruptcy Court shall disburse said funds on deposit with the Treasury of the United States to the claimant herein in the amount specified above.

Entered:

So Ordered:

United States Bankruptcy Judge

Deputy Clerk

Dated:

**UNITED STATE BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS**

CORPORATE/BUSINESS IDENTIFICATION FORM FOR UNCLAIMED FUNDS

Case Name _____

Case No. _____ Amount of dividend/refund _____

A dividend/refund check was previously issued in your name in accordance with an Order of this Court; however, said check was not cashed and has been deposited with the United States Treasury.

In order to insure payment to the proper party, **please fill out the identification portion on this form and it mail to:**

U.S. Bankruptcy Court Finance Department
John W. McCormack Post Office and Court House
5 Post Office Square, Suite 1150
Boston, MA 02109-3945

Upon receipt of the completed document, your request for payment of unclaimed funds held by the Court will be processed.

Please Note: Additional documentation or proof of ownership or transfer of ownership may be required.

I, _____, hereby state that I am the

_____ of _____
(Title) (Business Name)

and I am authorized to request payment of the above dividend.

(Corporate Seal) _____
(Signature)

Subscribed and sworn to before me in _____, _____
(City/Town) (State)
this _____ day of _____, _____.

Notary Seal _____
(Notary Public)
My Commission Expires: _____

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS**

INDIVIDUAL IDENTIFICATION FORM FOR UNCLAIMED FUNDS

Case Name _____

Case No. _____ Amount of dividend/refund _____

A dividend/refund check was previously issued in your name in accordance with an Order of this Court; however, said check was not cashed and has been deposited with the United States Treasury.

In order to insure payment to the proper party, **please fill out the identification portion on this form and mail to:**

U.S. Bankruptcy Court Finance Department
John W. McCormack Post Office and Court House
5 Post Office Square, Suite 1150
Boston, MA 02109-3945

Upon receipt of the completed document, your request for payment of unclaimed funds held by the Court will be processed.

Please Note: Additional documentation or proof of ownership or transfer of ownership may be required.

I, _____, hereby state that I am a creditor/debtor in the above-named proceeding and request payment of my unclaimed dividend/refund check.

Old Address _____

Current Address _____

Driver's license no. _____, State _____

(Signature) _____

NOTARY PUBLIC

Commonwealth of _____

County of _____

The above named _____ personally appeared before me. She/he is known to me to be the person holding the office and authority represented and he/she acknowledges the foregoing to be his/her free act.

DATE: _____

(Notary Public)

My commission expires: _____

(notary seal)

Additional Requirements of Note

Please note the following additional requirements:

- a. The Court requires **original signatures** on all notarized documents and affidavits provided in support of your petition. (Note: /s/ is not accepted unless the filer is a documented ECF user in good standing with this Bankruptcy Court.)
- b. Any person or entity making a claim for funds with a different name than the creditor name(s) on file with the court must provide documentation as to the name change.
- c. Any person or entity making a claim for funds with a different address than the creditor address on file with the court must provide documentation as to the change of an address or an affidavit as to its prior use.
- d. Any person or entity making a claim for funds as an officer, past officer or principal of a business entity must provide documentation as to their authority to receive such funds in lieu of any other such officer or principal.
- e. Any person or entity making a claim for funds as the owner of either a current or a defunct business must provide reliable, verifiable documentation as to their current or past ownership.