

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In re:)	
)	
)	Case No.
)	Chapter
Debtor(s))	
)	

PETITION FOR PAYMENT OF UNCLAIMED FUNDS

NOW APPEARS (petitioner) _____,
of (complete address) _____
and states that on (date) _____, (name of creditor or person entitled to the
funds) _____ became entitled to receive \$ _____ as a
distribution in the above-titled case, and said creditor/person 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 and as evidenced in (1) the attached document(s) proving identity and (2) proof of the address used in the original Proof of Claim filed with the Court;
- () petitioner is the assignee of the owner's claim to said funds as evidenced in the attached notarized 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 (1) the attached document(s) proving identity and (2) proof of the address used in the original 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 notarized 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 the 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, Assignment of Right, proof of prior residence/location/ownership, court order, merger documents, probated will, etc.]

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

WHEREFORE, the petitioner knowingly and willingly 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.

By signing this Petition for Payment of Unclaimed Funds, the petitioner swears or affirms under penalty of perjury that the foregoing is true and correct:

Name of Petitioner: _____

Signature of Petitioner: _____

Title: _____ Date: _____

NOTARY PUBLIC

State/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)¹

¹ For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance

IMPORTANT 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 listed below, complete the Certificate of Service below and send it to the Court with the Petition. 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 the Boston Office (Case # begins with “1” (e.g., 14-10000):

Office of the United States Trustee
John. W. McCormack Post Office and Court House
5 Post Office Square, Suite 1000
Boston, MA 02109-3934

For the Worcester and Springfield Offices (Case # begins with “4” or “3” (e.g., 14-40000 or 14-30000):

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

(4) The Attorney for the Debtor *

* Indicates a copy of this petition 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-one (21) 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 petition 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

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 form completely including the identification portion on this form and mail it with a copy of a government issued photo ID to:

U.S. Bankruptcy Court
Attn: 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 documents, your request for payment of unclaimed funds held by the Court will be processed. **Please note** that additional documentation or proof of ownership or transfer of ownership may be required. For example, absent evidence of a merger or the consent of the subsidiary by a duly authorized officer of the subsidiary, a parent corporation does not have the authority to collect the receivables of the subsidiary.

I, _____, hereby state that I am the

(Title) of _____
(Business Name)

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

(Signature)
(Corporate Seal)

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

Notary Seal² _____
(Notary Public Signature)

My Commission Expires: _____

² For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.

CORPORATE OFFICER'S CERTIFICATE OF AUTHORITY

Case Name _____

Case No. _____ Amount of dividend/refund _____

I, _____, _____ of
(Name of Corporate Officer) (Title)

_____, hereby certify that
(Corporation)

_____, is authorized to
(Name) (Title)

execute any and all documents pertaining to the recovery of undistributed, undelivered,

abandoned or unclaimed funds belonging to _____
(Corporation)

or any of its entities or predecessors, held by the United States.

(Signature Corporate Officer)

(Print Name and Title) ³

NOTARY PUBLIC

State/Commonwealth of _____

County of _____

The above named _____ personally appeared before me and is personally known to me to be the person described in and holding the position designated and whose name is subscribed to the foregoing instrument acknowledged to me that (he)(she) executed the same in (his)(her) authorized capacity and acknowledged the execution thereof to be (his) (her) free act and deed.

DATE: _____

(Notary Public)

(Notary Seal)⁴

My commission expires: _____

³ Please include government issued photo ID with statement.

⁴ For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.

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 it with a copy of a government issued photo ID to:

U.S. Bankruptcy Court
Attn: 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** that 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

State/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)(Notary Seal)⁵

My commission expires:

⁵ For documents signed and notarized outside the United States, please contact the Embassy of the country of origin (where you are having the document notarized) for assistance.