UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re_____,	)	
[Set forth here all names including married, maiden, and trade names used by debtor within last 8 years.]	)	
	)	
Debtor	)	Case No.
	)	
	)	
Last four digits of Social Security No(s):_____	)	Chapter 11
Employer Tax Identification (EIN) No(s). (if any)_____	)	

APPLICATION FOR PAYMENT OF DEBTOR REFUND

_____ of _____
(Name of Debtor) (Address and Telephone Number)

_____, and _____ of
(Name of Joint Debtor, if applicable)

_____, being duly sworn,
(Address and Telephone Number)

affirms as follows:

1. I[1] am the debtor named in the caption above.

2. The Chapter 13 Trustee previously attempted to remit a refund owing to applicant but when unable to do so as a result of an out-dated mailing address, paid into the Court the sum of $_____ on or about _____ _____ .

3. I have attached a photocopy of my current driver's license and a photocopy of a document bearing my full social security number.

4. I have attached a signed W-9 Request for Taxpayer Identification Number and Certification.

5. The right to this refund has not been sold or assigned.

[1]"I" shall be read as "we" when joint debtors are involved.

6. I am unaware of any dispute regarding the monies held by the Court.

Based upon the foregoing and the attached proof of identity, I request that the Clerk of the Court pay to _____ the
(Debtor [and Joint Debtor if applicable])

sum of $_____.

_____ xxx-xx-_____
(Signature of Debtor (Last four digits of social security number)

_____ xxx-xx-_____
(Signature of Joint Debtor, if applicable) (Last four digits of social security number)

SUBSCRIBED AND SWORN to before
me this day of

Affix Seal

_____
Notary Public

Required Attachments:

(1) Photocopy of Driver's License (include both if two claimants);
(2) Photocopy of Document With Social Security Number (include both if two claimants);
(3) Affidavit of Service of Mailing to United States Attorney for the N.D.N.Y.; and
(4) W-9 Request for Taxpayer Identification Number and Certification.