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 UNCLAIMED FUNDS

I (We)_____ of _____
(Name of Debtor(s)/Claimant(s)) (Address)
_____, _____, being duly sworn, deposes
(Telephone No.)
and says:

1. He/she is (are) the debtor(s) named in the caption above.

2. I (we) commenced a chapter 13 case in the United States Bankruptcy Court for the Northern District of New York ("Court").

3. The Chapter 13 Standing Trustee paid _____ to the Court on or about _____ as a debtor refund.

4. I (we) have attached a photocopy of my/our current driver's license(s) and a photocopy of a document bearing my/our full social security number(s).

5. I (we) have attached a signed AO-213 Vendor Information/TIN Certification for each Debtor/Claimant.

6. The right to these funds has not been sold or assigned, and it is still the property of the undersigned claimant(s).

7. The claimant(s) is/are not aware of any dispute regarding the monies held by the Court.

8. The claimants have properly served the United States Attorney for the Northern District of New York with this Application and attachments.

Based upon the foregoing and the attached proof of identity, it is requested that

the Clerk of the Court pay to _____ the amount of
(Claimants)
$_____.

_____
(Signature of Claimant(s))
xxx-xx-_ _ _ _ xxx-xx-_ _ _ _
(Last four digits of social security number)

SUBSCRIBED AND SWORN to before
me this day of

Affix Seal

_____
Notary Public

Att: (1) Photocopy of Driver's Licenses (include both if two claimants)
(2) Photocopy of Document With Social Security No. (include both if two claimants)
(3) Affidavit of Service of Mailing to United States Attorney for the NDNY
(4) AO-213 Vendor Information/TIN Certification