

**Fill in this information to identify the case:**

Debtor 1

\_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2

(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey  
(State)

Case number:

**Form 1340 (8/24)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

\$

Claimant's Name:

Claimant's Current Mailing  
Address, Telephone  
Number, and Email Address:

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Claimant Information**

Applicant<sup>2</sup> represents the following:

- The Claimant is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:  
\_\_\_\_\_  
\_\_\_\_\_
- If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Applicant Information**

Applicant represents the following:

- Applicant is the Claimant.
- Applicant is Claimant’s representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant’s estate.

**4. Supporting Documentation**

- Applicant has read the court’s instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

**5. Notice to United States Attorney**

- Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
 District of New Jersey  
 Peter Rodino Federal Building  
 970 Broad Street, Suite 700  
 Newark, New Jersey 07102

**6. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_