

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT**

Debtor 1: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First Name Middle Name Last Name </div>	Case No.: _____ Chapter: _____
Debtor 2: _____ (Spouse, if any)	
_____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First Name Middle Name Last Name </div>	

**CTB-LF1340 (12/23) Local Form
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

1. Claim Information

For the benefit of the Claimant(s)¹ 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:	

2. Claimant Information

Applicant² represents the following:

The Claimant is the Owner of Record³ 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.

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.

¹ The Claimant is the party entitled to the unclaimed funds

² The Applicant is the party filing the application. The Applicant and Claimant may be the same. ³ The Owner of Record is the original payee.

<p>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.</p>	
<p>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: <div style="text-align: center; margin-left: 100px;"> Office of the United States Attorney District of Connecticut Connecticut Financial Center 157 Church Street, 25th Floor New Haven, CT 06510 </div> </p>	
<p>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.</p> <p>DATE: _____</p> <p>_____ Signature of Applicant</p> <p>_____ Printed Name of Applicant</p> <p>Applicant's Address: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div></p> <p>Applicant's Telephone: _____</p> <p>Applicant's Email: _____</p>	<p>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.</p> <p>DATE: _____</p> <p>_____ Signature of Co-Applicant (if applicable)</p> <p>_____ Printed Name of Co-Applicant (if applicable)</p> <p>Co-Applicant's Address (if applicable): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div></p> <p>Co-Applicant's Telephone (if applicable): _____</p> <p>Co-Applicant's Email (if applicable): _____</p>
<p>7. Notarization</p> <p>STATE OF _____</p> <p>COUNTY OF: _____</p> <p>This Application for Payment of Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____, by _____</p> <p>_____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.</p> <p>(SEAL) Notary Public: _____ My commissions expires: _____</p>	<p>7. Notarization</p> <p>STATE OF _____</p> <p>COUNTY OF: _____</p> <p>This Application for Payment of Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____, by _____</p> <p>_____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.</p> <p>(SEAL) Notary Public: _____ My commissions expires: _____</p>