

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WASHINGTON**

In re:

Debtor(s).

Case Number:

**Petition for Payment  
of Unclaimed Funds**

1. I am petitioning to receive funds in the total amount of \$ \_\_\_\_\_, which amount was paid into the Court on \_\_\_\_\_ [date(s)] by the case trustee as unclaimed funds on behalf of the following creditor/debtor:

Name: \_\_\_\_\_

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

Last four digits of SS# or Tax ID#: \_\_\_\_\_

2. I believe I am entitled to receive the requested funds based upon the following [check the statement(s) that apply]:

- a. I am the creditor/debtor named in paragraph 1, and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents, including a current driver's license and social security card (if an individual).
- b. I am the attorney in fact for the creditor/debtor named in paragraph 1, with authority to receive such funds, and am authorized by the attached notarized, original, Power of Attorney to file this application on the behalf of the creditor/debtor.
- c. I am the assignee or successor-in-interest of the creditor/debtor named in paragraph 1, or the assignee's or successor-in-interest's representative, as evidenced by the attached documents establishing chain of ownership and/or assignment.
- d. I am a duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and a representative of the creditor/debtor named in paragraph 1, as demonstrated by the attached documentation, including, if applicable, the corporate seal.
- e. I am the representative of the estate of the deceased creditor/debtor named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents which substantiate my right to act on behalf of the decedent's estate.
- f. Subparagraphs (a) through (e) above do not apply. As evidenced by the attached documents, I am entitled to such monies because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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.

4. Pursuant to 28 U.S.C. § 2042, on \_\_\_\_\_ [date], I mailed a copy of this completed application (with all supporting documentation) to: United States Attorney, 700 Stewart St., Ste. 5220, Seattle WA 98101-1271.

I understand that, pursuant to 18 U.S.C. § 152, I shall be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or the accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U. S. Attorney for possible prosecution.

**I declare (or certify, or verify, or state) under penalty of perjury under the laws of the United States of America, that the foregoing statements and information are true and correct.**

Dated: \_\_\_\_\_

Petitioner's Signature \_\_\_\_\_

Petitioner's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

NOTARY:

On this day, \_\_\_\_\_, I certify that I know or have satisfactory evidence that (insert name and title of signer) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

(SEAL)

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_  
State of \_\_\_\_\_  
Residing at \_\_\_\_\_.

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
Accounting Division

**VENDOR INFORMATION/TIN CERTIFICATION**  
Mandatory Information that **MUST** be provided before submission

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
<b>Name:</b>	Address:
Business Name: <i>(if different from above)</i>	City:
<b>Address 1:</b>	State:                      Zip Code:
Address 2:	Phone #:
<b>City:</b>	Description: <i>(If needed)</i>
<b>State:</b> <b>Zip Code:</b>	
<b>Phone #:</b> <b>E-mail:</b>	
<b>Taxpayer Identification #:</b> <i>(TIN, SS, or EIN number)</i>	
DUNS #	
Financial Information	
Bank Name:	Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>
City:	Account #:
State:                      Zip Code:	Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- |                                                                                             |                                                                 |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> sole proprietorship;                                               | <input type="checkbox"/> partnership;                           |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ;                         | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider;                                              | <input type="checkbox"/> other: _____                           |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____                                                           |

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

**Definitions:**

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement  
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business  Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
  - Asian-Pacific American  Black American  Subcontinent Asian (Asian-Indian)American
  - Hispanic American  Native American  Other: \_\_\_\_\_

Date: \_\_\_\_\_ \_\_\_\_\_  
*Vendor's signature*

**For Agency Use Only**

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check [www.sam.gov](http://www.sam.gov) for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply:  Addition  Change  Vendor Code: \_\_\_\_\_ (*make entry only if change*)  
 Active  Inactive  Vendor Type: \_\_\_\_\_

The following information is optional for individuals whose name and telephone are already on the form:	
Contact Name: _____	_____
Telephone Number: _____	Email: _____

Identification of person making this request:	
Name: _____	_____
Telephone Number: _____	Originating Office: _____

Please type or print clearly. Please type or print clearly. For JIFMS Users only, e-mail the completed form to: [jifms@support.aotx.uscourts.gov](mailto:jifms@support.aotx.uscourts.gov). For Court FAS4T Users, send this form to the local court Vendor Administrator. For questions regarding JIFMS and Court FAS4T please contact SDSO at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.