

Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

* * * * *

In re:)	BK-
)	Chapter
)	
)	MOTION TO WITHDRAW MONEY
)	UNDER 28 U.S.C. SECTION 2042
)	
)	Hearing Date:
)	Hearing Time:
Debtor(s).)	

There was a dividend check in the amount \$ _____ in the above- named case issued to _____
_____. Said check having not been cashed by
said payee, the Trustee, pursuant to 11 U.S.C. Section 347(a), delivered the unclaimed money to the
Clerk, US Bankruptcy Court.

PLEASE CHECK THE PARAGRAPH THAT APPLIES:

☐ Claimant is the creditor or debtor in whose behalf these moneys were deposited and is entitled to the
moneys deposited.

☐ Claimant is not the creditor but is entitled to payment of these moneys because **(Please state the
basis for your claim to the moneys)**

1 Please attach copies of any supporting documentation.¹

2
3 Date:

4
5
6 _____
Signature of Claimant or Attorney

7
8 _____
Printed Name

9 _____
10 _____
Mailing Address

11
12
13
14
15
16
17
18
19
20
21 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

22 _____

23 ¹ (i) If claimant is heir of deceased creditor, attach copies of death certificate and heirship order of court.

(ii) If claimant is assignee of creditor, attach copy of assignment.

24 (iii) If claimant is corporate successor of creditor, attach copies of all documents demonstrating such status.

(iv) If claimant is agent of creditor for purposes of filing this application, attach a copy of the agency agreement.

25 (v) Attach other documents showing entitlement should none of the foregoing apply.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

* * * * *

In re:) BK-
) Chapter
)
) AFFIDAVIT FOR REIMBURSEMENT
) OF UNCLAIMED FUNDS
Debtor(s).)
_____)

STATE OF: _____
COUNTY OF: _____

SOCIAL SECURITY NO/TAX ID: _____

_____ of _____
(NAME OF CREDITOR/DEBTOR) (ADDRESS)

_____ being duly sworn, deposes and says:
(PHONE NUMBER)

That he/she is a creditor of the above-named bankrupt/debtor or is the debtor. That _____
_____ (Name of Debtor/Bankrupt) was duly
adjudged a debtor/bankrupt in the United States Bankruptcy Court for the District of Nevada.
That said creditor duly claim was filed his/her claim, which thereafter duly allowed or is the
debtor in the above named case.

Dividends amounting to the sum of \$ _____ remain unpaid.

That the said claim has not been sold or assigned, and that it is still the property of the
deponent.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

It is therefore requested that the Clerk of this Court pay to _____ the
sum of \$ _____.

(Signature)

Sworn and subscribed to before
me this __ day of _____

(Notary Public)

1 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

2
3 UNITED STATES BANKRUPTCY COURT
4 DISTRICT OF NEVADA

5 * * * * *

6 In re:

7)
8)
9)
10)
11)
12)
13)
14)
15)
16)
17)
18)
19)
20)
21)
22)
23)
24)
25)
26)
Debtor(s).

BK-
Chapter

AFFIDAVIT OF SERVICE

11 Notice is hereby given to the court that on _____, the
12 U.S. Attorney for the District of Nevada was advised, via United States Mail, of the "Motion
13 for Payment of Unclaimed Funds."

16 Date: _____

Respectfully submitted,

17 _____
18
19
20
21
22
23
24
25
26

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	Other Address (If different from Vendor Address)
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name:	Address:
Business Name: (if different from above)	City:
Address 1:	State: Zip Code:
Address 2:	Phone #:
City:	Description: (If needed)
State: Zip Code:	
Phone #: E-mail:	
Taxpayer Identification #: (TIN, SS, or EIN number)	
DUNS #	
Financial Information	
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include individual check numbers):
City:	Account #:
State: Zip Code:	Type of Account: (select one) <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 (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity (write in either federal, state or local) | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. 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
3. 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 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. 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.