



United States Bankruptcy Court • Middle District of Louisiana
Instructions for Filing Application for Payment of Unclaimed Funds

Unclaimed funds are held by the court for an individual or entity who is entitled to the money but who has failed to claim ownership of it. The United States Courts, as custodians of these funds, have established policies and procedures for holding, safeguarding, and accounting for the funds.

I. Searching Unclaimed Funds

To search unclaimed funds, use the [Unclaimed Funds Locator](https://ucf.uscourts.gov/) at <https://ucf.uscourts.gov/>. Select "LAMB – Louisiana Middle Bankruptcy Court" from the dropdown list and enter the applicable search criteria. Contact the Clerk's office at 225-346-3333 to verify unclaimed funds balances.

II. Filing Requirements for Payment of Unclaimed Funds

a. Application for Payment of Unclaimed Funds

Any party who seeks the payment of unclaimed funds must file an Application for Payment of Unclaimed Funds in substantial conformance with the court's standard application form and serve a copy of the application on the United States Attorney for the Middle District of Louisiana, 777 Florida Street, Suite 208, Baton Rouge, LA 70801. For purposes of this procedure, the "Claimant" is the party entitled to the unclaimed funds, such as the original claimant or successor claimant. The "Applicant" is the party filing the application, such as the Claimant's representative. The Applicant and Claimant may be the same.

b. Supporting Documentation

1. Payee Information

Funds are payable to the Claimant. In conjunction with the Application for Payment of Unclaimed Funds, Claimant's tax identification number (TIN) must be provided to the court on a certification form signed by the Claimant to whom funds are being distributed.

A. Domestic Claimant

If the Claimant is a U.S. person,¹ the Claimant must use either the [AO 213](#) or W-9 certification form (accessible by searching on the Internal Revenue Service (IRS) website at: <https://www.irs.gov/>). If Claimant wants payment via Electronic Funds Transfer (EFT), then the [AO 213](#) form must be used.

B. Foreign Claimant

If the Claimant is foreign, the Claimant must use a W-8 certification form (accessible by searching on the IRS website at: <https://www.irs.gov/>) accompanied by the [AO-215](#) form.

Contact the Financial Administrator at 225-346-3315 with questions.

¹ "U.S. person" includes: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S.; an estate (other than a foreign estate); or a domestic trust (as defined in 26 C.F.R. 301.7701-7).

2. Additional Supporting Documentation

Requirements for additional supporting documentation vary depending on the type of Claimant and whether the Claimant is represented. Please read the instructions below to identify what must accompany your Application for Payment of Unclaimed Funds.

Sufficient documentation must be provided to the court to establish the Claimant's identity and entitlement to the funds. Proof of identity must be provided in unredacted form with a current address. If there are joint Claimants, then supporting documentation must be provided for both Claimants.

A. Original Claimant

The Original Claimant is the original payee entitled to the funds appearing on the records of the court. If the Applicant is the Original Claimant, the following additional documentation is required:

i. Original Claimant – Individual

- a. Proof of identity of the Original Claimant (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);
- b. A notarized signature of the Original Claimant (incorporated in application); and
- c. A declaration of the Original Claimant under penalty of perjury that the funds are not due to any federal or state agency or department.

ii. Original Claimant - Business or Government Entity

- a. Application must be signed by an authorized representative for and on behalf of the business or government entity;
- b. A notarized statement of the signing representative's authority;
- c. Proof of identity of the signing representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address); and
- d. A declaration by an authorized representative under penalty of perjury that the funds are not due to any federal or state agency or department.

- iii. If the Original Claimant's name has changed since the funds have been deposited with the court, then proof of the name change must be provided.

B. Successor Claimant

A Successor Claimant may be entitled to the unclaimed funds as a result of assignment, purchase, merger, acquisition, succession, power of attorney or by other means. If the Applicant is a successor to the Original Claimant, the following documentation is required:

i. Successor Claimant – Individual

- a. Proof of identity of the successor Claimant (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);

- b. A notarized power of attorney of the successor Claimant;
- c. Documentation sufficient to establish chain of ownership or the transfer of claim from the Original Claimant; and
- d. A declaration by the Original Claimant under penalty of perjury that the funds are not due to any federal or state agency or department.

ii. Successor Claimant – Business or Government Entity

- a. Application must be signed by an authorized representative for and on behalf of the Successor Claimant;
- b. A notarized statement of the signing representative’s authority;
- c. A notarized power of attorney signed by an authorized representative of the Successor Claimant;
- d. Proof of identity of the signing representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);
- e. Documentation sufficient to establish chain of ownership or the transfer of claim from the Original Claimant; and
- e. A declaration by the Original Claimant under penalty of perjury that the funds are not due to any federal or state agency or department.

iii. Deceased Claimant's Estate

- a. Proof of identity of the estate representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);
- b. Certified copies of probate documents or other documents authorizing the representative to act on behalf of the decedent or decedent’s estate in accordance with applicable state law (*e.g.*, small estate affidavit);
- c. Documentation sufficient to establish the deceased Claimant’s identity and entitlement to the funds; and
- d. A declaration by the estate representative under penalty of perjury that the funds are not due to any federal or state agency or department.

C. Claimant Representative

If the Applicant is Claimant’s attorney or other representative, the following documentation is required:

- i. Proof of identity of the representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);
- ii. A notarized power of attorney signed by the Original Claimant (or Claimant’s authorized representative) on whose behalf the representative is acting;
- iii. Documentation sufficient to establish the Claimant’s identity and entitlement to the funds, as set forth above; and
- iv. A declaration by the Original Claimant under penalty of perjury that the funds are not due to any federal or state agency or department.

c. Proposed Order

Applicant must provide the court a proposed order in compliance with [Local Rule 9013-5](#) and the court's [Administrative Procedures](#).

d. Filing the Application

There are three ways to file the application and supporting documentation:

1. Electronically in the court's CM/ECF system. The applicant must have an account with the court to file electronically.
 - a. Registered ECF Attorney Users:
 - i. Application: Bankruptcy>Motions/Applications>Application for Payment of Unclaimed Funds
 - ii. Supporting Documents: Bankruptcy>Other>Supporting Documents Re: Application for Payment of Unclaimed Funds (Document Restricted)
 - b. Limited Use Filers:
 - i. A limited use password is obtained by registering at [Louisiana Middle Bankruptcy Court CM/ECF Registration](#).
 - ii. Application: Bankruptcy>Creditor Claim Actions> Application for Payment of Unclaimed Funds
 - iii. Supporting Documents: Creditor Claim Actions>Other>Supporting Documents Re: Application for Payment of Unclaimed Funds (Document Restricted)
2. In person at the clerk's office located at 707 Florida Street, Room 119, Baton Rouge, LA 70801.
3. By mail to: United States Bankruptcy Clerks Office
Middle District of Louisiana
707 Florida Street, Room 119
Baton Rouge, LA 70801

e. Post-Filing Process

The disbursement process takes approximately 30-45 days from the time the application is filed. If the application is deficient, the process will delay the process and the court may contact the applicant for additional supporting documentation. The court may consider the application without a hearing. If the application is granted, the order will direct the Clerk of Court to disburse funds to the claimant. no disbursement will be issued for a minimum period of fourteen (14) days to allow for any objection to the disbursement order.

III. Links

[AO-213](#)

W-9 (accessible by searching on the IRS website at: <https://www.irs.gov/>)

W-8 (accessible by searching on the IRS website at: <https://www.irs.gov/>)

[AO 215](#)

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 _____
 (State)

Case number: _____

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:	Mailing address: _____ Telephone: _____ Email: _____

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

3. 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.

4. Declaration

- Applicant declares under penalty of perjury that the funds are not due to any federal or state agency or department.

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 Original Claimant is the original payee.

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
Middle District of Louisiana
777 Florida Street, Suite 208
Baton Rouge, LA 70801

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.

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.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

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.

(SEAL) Notary Public _____

My commission expires: _____

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

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.

(SEAL) Notary Public _____

My commission expires: _____

REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form. Vendors providing goods and services must use the AO 213 form.

*Note: Typed forms and forms that include a populated Type of Vendor may result in more efficient and precise processing. **For handwritten forms, please see the General Instructions for the list of options for the Type of Vendor, Part 3 - SSN/EIN and Part 4 - U.S. Tax Classification, and Part 6 - Account Type drop down menus.*

****Type of Payee**

Refund recipient only. Is the refund over \$200?

Part 1 Payee Information

Line 1. Payee Name:

Line 2. Additional payee information: *(if applicable)*

Part 2 Business Name *(if different from above)*

Part 3 Enter your TIN in the appropriate box. The TIN provided must match the name given in Part 1, Line 1. ******

EIN: -

SSN: - -

Part 4 **Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.

Part 5 Mailing Address *(where payments, orders, and IRS 1099 forms, as applicable, will be sent)*

Street Address:

City: State: Zip code:

Point of Contact *(if different from above)*:

Name: Phone #:

Email:

Part 6 Electronic Funds Transfer (EFT) Information (OPTIONAL)

Owner(s) name appearing on bank account:

Bank Name:

****Select an Account Type:** Routing # (9 digits):

Account number *(do not include check number)*

Part 7 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 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 backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____ Date: _____

Sensitive information must be securely maintained and only visible to designated staff.

General Instructions

Purpose of the AO 213P: The Judiciary utilizes the AO 213P to collect information necessary to facilitate payment. For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-NEC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee may be subject to backup withholding – situations where the Judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the Treasury on the Judiciary's behalf must collect payee TINs to comply with the Treasury's TIN Policy.

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

****Type of Payee:** Select the option from the Payee Type drop down menu that most accurately reflects current business operations or type of individual requesting payment from the Judiciary.

The following are the available choices for this drop down menu:

- Business Entity
- Other
- Refund Recipient
- Unclaimed Fund Claimant
- Unclaimed Funds Trustee

Part 1, Line 1

Do not leave this line blank. Enter only one name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Name or Entity	Instructions
Individual	Enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name. For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it <u>was entered</u> on your IRS Form W-7 application, line 1a.
Sole proprietor or Single member LLC	Enter the name shown on IRS 1040/1040A/1040EZ. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Partnership, LLCs, or Corporations (except Single-member LLCs)	Enter entity name as shown on the entity's U.S. tax return in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Other entities (e.g., trusts, non-profit entities, government agencies)	Enter entity name in Part 1 as shown on required U.S. tax documents which matches the entity shown on the charter or legal document creating the entity, as applicable.

Part 1, Line 2

If this form is being completed so that a Treasury check may be issued payable to more than one person or entity, or if an EFT payment will be issued to an account owned jointly, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names (e.g., "and" or "or") or additional information for U.S. Treasury check payments (e.g., "care of") must be entered in Part 1, Line 2.

If payments is to be made by...	Then, enter the following...
EFT to Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, Payee 2, AND Payee 3	Payee 1's name in Part 1, Line 1; Payee 2's name AND Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, Payee 2 OR Payee 3	Payee 1's name in Part 1, Line 1; Payee 2's name OR Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
A Treasury check made payable to Payee 1, CARE OF (c/o) Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's TIN in Part 3.

Part 2

If you have a business or DBA name, you may enter it in Part 2.

Part 3

TIN Type: Select the appropriate TIN type from the TIN drop down menu. The following choices are available:

- EIN
- SSN

Enter your or your entity's TIN in the appropriate box. The TIN must be the TIN associated with person or entity listed in Part 1, Line 1. If you are not a resident alien and do not have - and are not eligible to get - an SSN, your TIN is your ITIN. Enter it in the social security number box. If you are a sole proprietor and have an EIN, you may enter either your SSN or EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Part 4

****U.S Tax Classification:** Select the appropriate box in Part 4 for the U.S. tax classification of the person or the entity's whose name is entered in Part 1.

The following are the available choices for this drop down menu:

- Individual
- C Corporation
- S Corporation
- Single member LLC
- Government Entity (fed, state, local)
- LLC - C Corp
- LLC - S Corp
- LLC - Partnership
- Partnership
- Trust/Estate
- Non-Profit Organization
- Attorney or Law Firm (including LLCs and corporations)

Part 5

Enter your address (number, street, and apartment or suite number). This is where your paper Treasury check and any information returns (e.g., 1099-MISC; 1099-NEC; 1099-INT), if applicable, will be mailed. A point-of-contact (POC), email, and phone number may be entered, if desired. A POC must be entered should the POC differ from the entity or individual in Part 1, Line 1.

Part 6

The Routing Number must be nine digits. If you are unsure of your banking information, consult your financial institution.

****Account Type:** You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution.

The following are the available choices for this drop down menu:

- Checking
- Savings

Part 7

You must cross out item 2 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.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in 26 CFR 301.7701-7).

For a joint account EFT payment or a joint payment by a Treasury check, only the person whose TIN is shown in Part 3 should sign.