

**UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF IOWA**  
110 E. Court Avenue, Ste 300  
Des Moines, Iowa 50309  
www.iasb.uscourts.gov

In the Matter of:

Case No.

**MOTION FOR PAYMENT OF UNCLAIMED FUNDS**

Now comes (movant's name, address, telephone number:)

represented by \_\_\_\_\_, hereby requests that the court enter an Order for Payment of Unclaimed Funds, and in support of the motion, states:

A check in the amount of \$\_\_\_\_\_ belonging to (name of original creditor/claimant) \_\_\_\_\_ was tendered to the Clerk of Bankruptcy Court by the case trustee as unclaimed funds.

The amount stated is being held in the Treasury of the United States as unclaimed funds.

Movant is entitled to receive the requested funds based upon (check all that apply):

- Movant is the owner of said funds being the owner appearing on the records of this Court.
- Movant is the assignee of the owner of the claim to said funds, as evidenced in the attached Affidavit or Assignment or Right.
- Movant is the owner's successor in interest, as evidenced in the attached Affidavit and/or other identifying documents.
- Movant is the personal representative of the owner's estate, as evidenced in the attached Affidavit and/or other identifying documents.

Movant is named in a LIMITED POWER OF ATTORNEY by (grantor) \_\_\_\_\_, as evidenced in the attached Power of Attorney document that empowers the movant to collect the unclaimed funds described above on behalf of the grantor:

- As the owner of the claim.
- As the owner's attorney at law, with authorization to receive said funds.
- As the assignee of the owner's claim to said funds.
- As the owner's successor in interest.
- As the personal representative of the owners estate.

The following documents are submitted, as proof of the movant's identity and status as the owner of claim of entitlement:

- Power of Attorney
- Formal Assignment
- Letter of Appointment
- Court Order
- Other (describe) \_\_\_\_\_

**WHEREFORE**, movant requests the Court to enter an Order Directing Payment of the Unclaimed Funds described above to \_\_\_\_\_, at the following address \_\_\_\_\_

\_\_\_\_\_ in accordance with the documents submitted in support of this motion.

The movant declares under penalty of perjury, under the laws of the United States of America, that the foregoing is true and correct. The movant understands that they may be subject to a fine or imprisonment, or both, if they have knowingly and fraudulently made any false statements in this document.

Date:

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_  
NOTARY PUBLIC in and for the State of \_\_\_\_\_, Residing in \_\_\_\_\_ County.  
My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, certify that the Motion for Payment of Unclaimed Funds was either electronically served or served via the U.S. Post Office on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon the following parties:

*(List name and address of all parties served. Service must include the following:*

*U.S. Attorney for the Southern District of Iowa  
110 East Court Avenue  
Room 286 US Courthouse Annex  
Des Moines, IA 50309*

*U.S. Trustee for the Southern District of Iowa  
Federal Building, Room 793  
210 Walnut Street  
Des Moines, IA 50309*

*Case Trustee*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Debtor*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Debtor's Attorney*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Any other party to this motion)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_