

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TENNESSEE**

**INSTRUCTIONS FOR SUBMISSION OF AN APPLICATION  
FOR PAYMENT OF UNCLAIMED FUNDS**

**For all applicants:**

1. Submit a completed application directly to the court. The application must contain a valid case number which includes the assigned judge's initials. Have your signature notarized. See attachment (1). Mailing instructions are listed below.
2. Attach to the application a certificate of service evidencing that a copy of the application has been mailed to the proper office of the United States Attorney for the Eastern District of Tennessee (as determined by the case number) pursuant to 28 U.S.C. § 2042. Notice to the United States Attorney is required in ALL instances. See attachment (2).
3. Attach a proposed order. See attachment (3). The order must contain a valid case number which includes the assigned judge's initials. If the application is being filed by an attorney for the applicant, the proposed order should be approved for entry by the attorney.
4. If the applicant is not the owner of record, additional information must be submitted with the application. Click [here](#) for complete requirements.
5. Mail a copy of the entire application packet to the United States Attorney's Office for the division indicated by the case number.
6. File a form AO 213, Vendor Information/TIN Certification form. See attachment (4). A form is required for all applications submitted and must be filed separately. Click [here](#) for the form. Forms are also available on the court's website, <http://www.tneb.uscourts.gov/forms-local>. Applications filed electronically must use the restricted access event, *Form 213 Vendor Information/Certification*, per Local Rule 3011-1(c). For conventional filings (over the counter or mailed), this form will be docketed separately using the restricted access event.

For claimants in multiple cases, a separate application must be prepared for each case with all the above requirements attached to each application.

All indications of fraud will be promptly forwarded to the United States Attorney for review.

**Privacy Note:** Because documents filed with the Court are available through the Internet, the Court is committed to the protection of personal identification information. It is also recommended that all but the last four digits of a Social Security number be blacked out, for the same privacy reasons.

## **Mailing Application and Order forms:**

For all cases in the **Southern** division (case numbers beginning with 1).

Example: **1**:15-bk-11234-SDR or **1**:15-bk-11235-NWW.

Please note that cases in the **Southern** division are assigned to either

The Honorable Shelley D. Rucker ("SDR") or The Honorable Nicholas W. Whittenburg ("NWW").

Please query the case in PACER to determine the assigned judge.

United States Bankruptcy Court  
Historic United States Courthouse  
31 East 11th Street  
Chattanooga, TN 37402-2722

For all cases in the **Northeastern** division (case numbers beginning with 2).

Example: **2**:15-bk-51234-MPP.

United States Bankruptcy Court  
James H. Quillen United States Courthouse  
220 West Depot Street, Suite 218  
Greeneville, TN 37743-4924

For all cases in the **Northern** division (case numbers beginning with 3).

Example: **3**:15-bk-31234-SHB.

United States Bankruptcy Court  
Howard H. Baker Jr. United States Courthouse  
800 Market Street, Suite 330  
Knoxville, TN 37902-2343

For all cases in the **Winchester** division (case numbers beginning with 4).

Example: **4**:15-bk-11234-SDR.

United States Bankruptcy Court  
Historic United States Courthouse  
31 East 11th Street  
Chattanooga, TN 37402-2722

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TENNESSEE**

IN RE:

_____ Debtor
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_____ Bankruptcy Case Number
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**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

The Claimant identified below applies for an Order authorizing payment of unclaimed funds now on deposit in the Treasury of the United States for the benefit of Claimant. Claimant was a creditor/debtor in the above captioned bankruptcy case and has not received payment of these funds which remain due and owing to the Claimant. Claimant further states that Claimant is:

NAME OF CLAIMANT: _____ PHONE NUMBER: _____ LAST FOUR DIGITS OF SOCIAL SECURITY NO: _____ MAILING ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP: _____  Amount of Unclaimed Funds Requested: \$ _____
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Claimant certifies that all statements made by Claimant on this Application and any attachments required for this Application are, to the best of Claimant's knowledge, true and correct. Accordingly, Claimant requests the Court to enter an Order authorizing payment of the unclaimed funds currently being held for the benefit of the Claimant.

Date: _____	_____ Claimant's Signature
	_____ Co-claimant's Signature (if any)

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below a true copy of this application with all required attachments was mailed to [check one as applicable]:

For all cases in **Chattanooga & Winchester** divisions (five-digit case number beginning with 1):

- Office of the United States Attorney  
Eastern District of Tennessee  
1110 Market Street, Suite 301  
Chattanooga, TN 37402

For all cases in the **Greeneville or Knoxville** division (five-digit case number beginning with 2, 3 or 5):

- Office of the United States Attorney  
Eastern District of Tennessee  
800 Market Street, Suite 211  
Knoxville, TN 37902

Date: _____	_____ Claimant's Signature
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**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TENNESSEE**

Attachment (3)

**IN RE:**

<hr/> Debtor
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<hr/> Bankruptcy Case Number
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**ORDER GRANTING APPLICATION FOR PAYMENT  
OF UNCLAIMED FUNDS**

The Court having considered the Application for Payment of Unclaimed Funds filed by:

NAME OF CLAIMANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

("Claimant") for payment of unclaimed funds in the amount of \$ \_\_\_\_\_ ,

and it appearing to the Court that the Claimant is entitled to receive payment, and these funds are now on deposit in the Treasury of the United States, and that proper notice of the Application was given to the United States Attorney for the Eastern District of Tennessee pursuant to 28 U.S.C. § 2042,

**IT IS THEREFORE ORDERED** that the Clerk of the United States Bankruptcy Court direct the issuance of a draft upon the Treasury of the United States in the amount stated above and payable to the Claimant.

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
Accounting Division**VENDOR INFORMATION/TIN CERTIFICATION**  
Mandatory Information that **MUST** be provided before submission

Ex-AO Employee  
 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.