

U.S. Bankruptcy Court
120 N Henry St Rm 140
Madison WI 53703

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

In re:

Case No.

PETITION TO CLAIM UNCLAIMED FUNDS FROM U.S. TREASURY

Debtor(s)

I, the undersigned petitioner, under penalty of perjury under the laws of the United States of America, declare (or certify, verify or state) that the following statements and information are true and correct:

1. I am petitioning to receive the total amount of \$ _____ which is the sum of all monies deposited
with the court by the case trustee on behalf of the creditor
2. Please check and complete the applicable subparagraph below.

 - A. I am the creditor named in paragraph #1.
 - B. I am an employee of the creditor named in paragraph #1 and my title is _____. The creditor is still legally entitled to the
monies and I am authorized by the creditor to file this petition.
 - C. I am the lawful attorney-in-fact or the creditor named in paragraph #1 and I am duly
authorized by the attached original power of attorney to file this petition. I am aware of all
pertinent state law requirements regarding such powers of attorney. The following is the
creditor's address and phone number, and a brief history of the creditor (from filing of the
claim to present), which includes, if applicable, identification of any sale of the company and
the new and prior owner(s):
 - D. Subparagraphs A and B above do not apply, but I am entitled to payment of such monies
because (state basis for your claim):
3. *I understand that, pursuant to 18 U.S.C. § 152, I may 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.*
4. On _____, a copy of this fully completed document was mailed to the U.S. Attorney,
660 West Washington Ave, Ste 303, Madison WI 53703, per 28 U.S.C. § 2042.

Petitioner's Signature

Date _____

Petitioner's Name (Type or Print)

Petitioner's Address

Petitioner's Social Security Number or Tax Identification Number

STATE OF _____
COUNTY OF _____

On _____ before me personally appeared _____
Date

The applicant who signed above 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 on: _____