

EXHIBIT 1 TO ADMINISTRATIVE PROCEDURES

Unclaimed Funds

What are Unclaimed Funds?

Unclaimed Funds are funds held by the court for a person entitled to the money who has failed to claim ownership of it by the end of a bankruptcy case. The United States Courts, as custodian of these funds, has established procedures for holding, safeguarding and claiming ownership of unclaimed funds.

How to Find Unclaimed Funds

The Unclaimed Funds Registry for our court may be viewed at:

<https://ucf.uscourts.gov/?court=lamb>

How to Claim Unclaimed Funds

All documents to claim unclaimed funds must be filed electronically in CM/ECF. There are two ways to file the documents:

1. A claimant may apply for a limited use password for electronic access by registering at <https://ecf.lamb.uscourts.gov/attorneyreg/>. After the court issues a password the claimant must file an Application for Payment of Unclaimed Funds. The application must include proof of identification. The claimant must also file a separate certificate of service certifying that it has served the Application for Payment of Unclaimed Funds on all parties entitled to notice of the request and the United States Attorney.
2. Claimants also may come to the Clerk's office to complete and file the required forms. A deputy clerk will assist with electronic filing.

After the documents are filed, the claimant must electronically mail the court a proposed order as an attachment in Word or WordPerfect. The email address is: orders@lamb.uscourts.gov and the subject line of the e-mail should include **only** the words *ex parte* and the case number.

Example: Ex Parte 18-10001

NOTE: Claimants filing the documents in person in the clerk's office who are unable to prepare a proposed order should notify the deputy clerk who will assist in claimants in arranging to submit the order.

After the application has been filed, the judge will review the request and issue a ruling on the application. If the application is granted, the order will direct the Clerk of Court to disburse the funds to the claimant. The check will be mailed to the address contained in the application and order.

Claimants **must** also complete and submit the Vendor Information/TIN Certification (AO213) form. This form is submitted to the Financial Administrator and is not filed electronically filed.

Questions regarding unclaimed funds should be directed to the court's Financial Administrator at (225) 346-3315.

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA**

IN RE:

CASE NO.:

DEBTOR(S)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

_____ moves pursuant to 28 U.S.C. §2042 for payment of unclaimed funds,
representing that:

1. The trustee deposited \$_____ payable to _____ into the court's registry as unclaimed funds pursuant to 28 U.S.C. §2041.
2. The applicant is entitled to recover the unclaimed funds.
3. The applicant has notified the United States Attorney of its application to recover the unclaimed funds.
4. The unclaimed funds should be mailed to the applicant at the address below.

Date: _____

(Signature)

Address: _____

Phone: _____

E-Mail: _____

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA**

IN RE:

CASE NO.:

DEBTOR(S)

CERTIFICATE OF SERVICE

I certify that I mailed a copy of the Application for Payment of Unclaimed Funds to the United States Attorney in compliance with 28 U.S.C. § 2042 at the following address:

United States Attorney
777 Florida Street, Suite 208
Baton Rouge, LA 70801-1717

Date: _____

(Signature)

Address: _____

Phone: _____

E-Mail: _____

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA**

IN RE:

CASE NO.:

DEBTOR(S)

ORDER FOR PAYMENT OF UNCLAIMED FUNDS

Considering the application of _____ for payment of unclaimed funds, the record of the case, and applicable law,

IT IS ORDERED that the Clerk, U.S. Bankruptcy Court, pay \$_____ to the order of _____ and mail the payment to:

Baton Rouge, Louisiana, _____, 20____.

UNITED STATES BANKRUPTCY JUDGE

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 | 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: <i>(if different from above)</i> | City: |
| Address 1: | State: Zip Code: |
| Address 2: | Phone #: |
| City: | Description: <i>(If needed)</i> |
| State: Zip Code: | |
| Phone #: E-mail: | |
| Taxpayer Identification #: <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:

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.