Form 1340 (Application for Payment of Unclaimed Funds) is a Director's Bankruptcy Form. Director's Bankruptcy Forms are issued under Bankruptcy Rule 9009 by the Director of the Administrative Office of the United States Courts.

Form 1340 is a template used by courts in developing their own localized form to assist parties in seeking the payment of unclaimed funds held by bankruptcy courts. This template version of the form should not be filed with the court. Instead, a member of public seeking payment of unclaimed funds from a bankruptcy case should check the website of the court where the case was filed and use a localized version of the form (or other applications process) from that court's website. More information about unclaimed funds in bankruptcy cases, including a link to an unclaimed funds locator subscribed to by most bankruptcy courts, can be found by searching for "unclaimed funds" on uscourts.gov.

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:		
Form 1340 (12/23)		
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 Claimant		
Amount:		
Claimant's Name:		
Claimant's Current Mailing Address, Telephone Number, and Email Address:		
2. Claimant Information		
Applicant ² represents the following:		
\Box The Claimant is the Owner of Record ³ entitled to the unclaimed funds appearing on the records of the court.		
The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:		
 If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary. 		
3. Applicant Information		
Applicant represents the following:		
□ Applicant is the Claimant.		
Applicant is Claimant's representative (<i>e.g.,</i> attorney or unclaimed funds locator).		
□ Applicant is a representative of the deceased Claimant's estate.		

 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 Owner of Record is the original payee.

4. 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.		
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		
District of [Court enters address here]		
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 and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152. Date:	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 and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152. Date:	
Signature of Applicant	Signature of Co-Applicant (if applicable)	
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)	
Address:	Address:	
Telephone:	Telephone:	
Email:	Email:	
7. Notarization	7. Notarization	
STATE OF	STATE OF	
COUNTY OF	COUNTY OF	
This Application for Unclaimed Funds, dated was subscribed and sworn to before me thisday of, 20by	This Application for Unclaimed Funds, dated was subscribed and sworn to before me thisday of, 20by	
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.	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.	
[Notarial wording to be adjusted based on state requirements]	[Notarial wording to be adjusted based on state requirements]	
(SEAL) Notary Public	(SEAL) Notary Public	
My commission expires:	My commission expires:	