Local Form 5 March 2013

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NORTH CAROLINA [insert correct division name] DIVISION

| In re: |) Case No.: |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| |)) |
| | |
| |) |
| Debtor(s) |))) |
| MOTION FOR DISBU | RSEMENT OF UNCLAIMED FUNDS |
| | hereby moves the Court for an order |
| (Claimant(s) Name) | |
| directing the United States Bankruptcy Court | to disburse the sum of \$ (Enter amount of claim) |
| | (Enter amount of claim) |
| from the Court's registry fund, payable to | , representing (Claimant(s) Name) |
| unclaimed funds previously deposited with the | e Court. |
| Date | |
| Supporting documentation attachedyes | no |
| for up to 5 years, or both if I have knowir | § 152 & 3571, I may be fined up to \$500,000, imprisoned and fraudulently made any false statements in this tocumentation as part of this application. |
| | Signature of Claimant |
| | Typed or printed name of Claimant |
| | Address of Claimant |
| | Daytime Telephone Number of Claimant |

IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF NORTH CAROLINA [insert correct division name] DIVISION

| In re: |) Case No.: |
|------------------------------------------------|-------------------------------------------------------------|
| |))) Chapter: |
| Debtor(s). |)) |
| NOTICE OF HEARING | AND CERTIFICATE OF SERVICE |
| NOTICE IS HEREBY GIVEN that the C | ourt will conduct a hearing on |
| at (a.m./p.m.) in Courtroom numb | perlocated at |
| to consider the Motion for Disbursement of Unc | laimed Funds filed by |
| | (Claimant(s) Name) |
| NOTICE IS FURTHER GIVEN to the Co | ourt that on, the United States (Enter date parties served) |
| Attorney, the case trustee, and the Bankruptcy | Administrator were served a copy of the Motion for |
| Disbursement of Unclaimed Funds and this Not | ice of Hearing by U.S. Mail. |
| | Signature of Claimant(s) |
| | Typed or printed name of Claimant(s) |
| | |