

CINDY CARPENTER



CLERK OF COURTS

APPLICATION FOR UNCLAIMED FUNDS

Claimant Information		
Claimant Name	Claimant Address	Claimant City/State/Zip
Claimant Home Phone Number	Claimant's Date of Birth	Social Security Number or FEIN
Are you the original owner of the funds?	If no, what is your relationship to the owner?	Reason for claiming funds in place of the owner?
Amount of funds to be claimed	Description of funds	

Failure to complete this Claim Form, and/or provide the required documentation, will result in your claim being returned to you.

Original Owner must provide:

- A clear copy of claimant's photo identification (i.e. driver's license, employment ID, passport or state ID) and Social Security Card. If name is different, then proof of claimant name must be provided;
- If the address is different than the Driver's license or State ID, then proof of claimant address must be provided (i.e. a utility bill, bank statement, mortgage/rent statement);
- If Original Owner is a business, documentation supporting Federal Employee Identification Number must be provided.

Third party claimant must provide:

- A clear copy of claimant's photo identification (i.e. Driver's license, employment ID, passport or State ID) and Social Security Card. If name is different, then proof of claimant name must be provided;
- A clear copy of third party claimant's photo identification (Driver's license, employment ID, passport or State ID) and Social Security Card. If name is different, then proof of claimant name must be provided;
- A completed Power of Attorney signed by original owner and third party claimant. Power of Attorney must also be signed in the presence of a Notary Public;
- If Original Owner is a business, documentation supporting Federal Employer Identification Number must be provided.

Unclaimed funds involving an estate/deceased claimant:

- A clear copy of third party claimant's photo identification (Driver's license, employment ID, passport or State ID) and Social Security card. If name is different, then proof of claimant name must be provided;
- A death certificate must accompany request;
- A copy of the will or certified Letter of Authority from the appropriate County Probate Court, appointing claimant as Executor or Administrator of decedents estate.

Certification

All claim forms must be signed.

The undersigned claimant certifies that he/she is the proper claimant in the foregoing claim; that he/she read the foregoing claim and knows the contents thereof; that the same is true and correct to his/her knowledge that the information and documentation are unaltered and not fraudulent; and, that the claim is valid, and unpaid. The claimant understands that presentation of a fraudulent claim may result in criminal proceedings. The claimant further declares that upon payment of this claim he/she will indemnify and hold harmless, Butler County officers and employees from any damages, claims, or losses of any kind resulting from payment of the above claim.

Claimant Signature _____ Date: _____

Printed Name of Claimant _____

Finance Department Use Only	
Date of pay-in _____	Pay-in number _____
I certify that the applicant the true and authorized party to this case and is entitled to receive the funds requested.	
Authorized Finance Department Representative _____	Date _____

GOVERNMENT SERVICES CENTER ● 315 HIGH STREET ● SUITE 550 ● HAMILTON, OHIO 45011-6016

BUTLER COUNTY CLERK OF COURTS

www.butlercountyclerk.org