

# PENNSYLVANIA INTEREST ON LAWYERS TRUST ACCOUNT BOARD

## OWNER CLAIM FORM

Use this form to request the return of Unclaimed or Unidentifiable funds submitted to the Pennsylvania IOLTA Board per Pennsylvania Rule of Professional Conduct 1.15(v) in circumstances where the lawyer that previously held your funds is unavailable to assist you (if your former lawyer is still licensed to practice law in Pennsylvania, they should contact the IOLTA Board to request and return the funds to you). Provide as much information as possible, and include copies of any relevant correspondence regarding the representation and the receipt of your funds. The IOLTA Board will use this information to review records of Unclaimed or Unidentifiable funds submitted to the IOLTA Board and will contact you if additional information is required. After receipt of this information the IOLTA Board will contact you in writing to let you know the results of the IOLTA Board's review. If funds are found, you will be sent a Fund Return Agreement to complete the return of your funds.

### I. CLAIMANT INFORMATION

<b>Part A. Provide the following information for the individual submitting this claim:</b>	
<b>1. Name (First, Middle Initial, Last):</b>	<b>8. Former Mailing Address (i.e., the mailing address used during the period in which the legal representation described in Section II (Law Firm Information) occurred. If multiple addresses were used during this time, include additional pages as necessary to list them):</b>
<b>2. Social Security Number:</b>	<i>Street Address 1</i>
<b>3. Date of Birth:</b>	<i>Street Address 2</i>
<b>4. Phone Number:</b>	<i>City, State, Zip Code</i>
<b>5. E-mail Address:</b>	<b>9. Are you aware of any other party who is potentially entitled to the funds you are requesting herein?</b>
<b>6. Enclose a photocopy of the claimant's Social Security Card, driver's license, or other photo ID.</b>	Yes                      No
<b>7. Current Mailing Address:</b>	If 'Yes,' provide additional information describing who else is entitled to the funds you are requesting, and provide the name and last known phone number, e-mail address, and mailing address for each. Include additional pages as necessary to list such information.
<i>Street Address 1</i>	
<i>Street Address 2</i>	
<i>City, State, Zip Code</i>	
<b>Part B. If you are submitting this claim on behalf of a separate individual (i.e., you are acting under a Power of Attorney to submit this claim on behalf of another person, etc.) or you are submitting this claim on behalf of a legal entity (i.e., corporation, partnership, etc.), provide the information requested below. Otherwise, proceed to Section II (Law Firm Information).</b>	
<b>10. Name of separate individual or legal entity (include both legal and trade names) on whose behalf this claim is being submitted:</b>	<b>13. Type of entity on whose behalf you are submitting this claim:</b>
	Sole proprietor                      Estate
<b>11. Authority of the individual described above in part A to submit this claim on behalf of the separate individual or legal entity:</b>	Partnership                              Plan administrator
Executor                      Power of Attorney	Limited liability corporation              Trust
Administrator                      Trustee	Corporation                              Church or church
Guardian                      Other: _____	Personal service corporation              controlled organization
<b>12. Mailing address for the separate individual or legal entity on whose behalf you are submitting this claim:</b>	Government agency (specify) _____
<i>Street Address 1</i>	Nonprofit organization (specify) _____
<i>Street Address 2</i>	Other (specify) _____
<i>City, State, Zip Code</i>	<b>14. Federal Tax ID of separate individual or legal entity (TIN/Social Security Number/Employer Identification Number):</b>
If different from the mailing address, provide the physical address for the separate individual or legal entity on whose behalf you are submitting this claim:	<b>15. Date of legal entity formation if known:</b>
<i>Street Address 1</i>	
<i>Street Address 2</i>	<b>16. Are you aware of any other individuals or legal entities who are authorized to submit this claim on behalf of the individual or legal entity listed on Line 1?</b>
<i>City, State, Zip Code</i>	Yes                      No
	If 'Yes,' provide additional information describing who is authorized and why you are entitled to claim the funds over such other individual(s) or entity (entities).

**II. LAW FIRM INFORMATION**

Provide the following information to allow the IOLTA Board to review Unclaimed or Unidentifiable funds submitted to the IOLTA Board by Pennsylvania lawyers to determine whether any funds have been received for which you may be the owner:

1. Name and address of law firm that previously held the Unclaimed or Unidentifiable funds in their Pennsylvania IOLTA account:

Law Firm Name	
Street Address 1	
Street Address 2	
City, State, Zip Code	

2. Name and Pennsylvania Attorney ID of the lawyer(s) primarily responsible for the legal representation at the law firm that previously held the Unclaimed or Unidentifiable funds in their Pennsylvania IOLTA account:

<i>Name (First, Last)</i>	<i>PA Attorney ID (if known)</i>

3. The amount of Unclaimed IOLTA funds to which you believe you are entitled (include copies of any relevant correspondence, if available):

If the specific dollar amount is not known, proceed to the next question.

4. Describe the nature and approximate timeframe of the legal representation which required the law firm and lawyers listed above to have previously held your funds in their Pennsylvania IOLTA account. If available, include copies of any relevant correspondence regarding the representation and the receipt of your funds. If additional space is required, include additional pages as necessary:

**III. CLAIMANT VERIFICATION.**

Having reviewed the Owner Claim Form, I represent and warrant that the information provided is accurate and complete to the best of my knowledge and belief, and further, that any false information and/or documentation supplied with the claim, which I do not believe to be true, may subject me to prosecution and penalties under 18 Pa. C.S. § 4904:

\_\_\_\_\_  
Print Claimant Name

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

**Complete and return this form to:**

Attn: Unidentifiable or Unclaimed Funds  
PA IOLTA Board  
P.O. Box 62445  
Harrisburg, PA 17106-2445

**Do you need assistance?** Contact us by phone (toll free) at 888-PA-IOLTA (724-6582) or (717) 238 2001, by e-mail at [paiolta@pacourts.us](mailto:paiolta@pacourts.us), or by fax at (717) 238 2003.