



# COLTAF

## Unclaimed Funds Refund Request Form

Have questions? Call COLTAF at 303.863.7221.

### Funds Information

Date Funds Remitted to COLTAF	Amount of Funds
<b>Total Remitted:</b>	

### Lawyer or Licensed Legal Paraprofessional (LLP) Information

**Firm Name:** \_\_\_\_\_

**Responsible Lawyer or LLP Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address (Optional):** \_\_\_\_\_

*By providing your email address, you consent to receiving emails from COLTAF.*

**Required Certifications:** *The responsible lawyer or LLP must initial each statement and sign below.*

\_\_\_\_\_ I understand that following receipt of this form, COLTAF will verify that a remittance of unclaimed funds was received from the lawyer or law firm on the date specified and in at least the amount specified. If no such remittance was received, COLTAF will notify the lawyer in writing. Otherwise, COLTAF will mail a refund check to the lawyer or law firm within 4 weeks of receipt.

\_\_\_\_\_ I understand that any refund check will be in the amount of the unclaimed funds remitted and will not include interest. Once a lawyer or law firm remits orphaned funds from a COLTAF trust account to COLTAF, the remitted funds retain their character as COLTAF-appropriate, and thus COLTAF is entitled to the interest earned on those funds, just as it is to the interest earned on funds held in COLTAF trust accounts.

**Lawyer or LLP Registration Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lawyer or LLP Signature:** \_\_\_\_\_