



**CASH
BAIL**

SURETY SURVIVOR'S AFFIDAVIT

Mail to: NYC Department of Finance, Treasury/Court Assets, 66 John Street, 12th Floor, New York, NY 10038

Instructions: Pursuant to the Surrogates Court Procedure Sec 1310 (3): If a surety entitled to a Cash Bail refund is deceased, such refund may be paid to certain designated relatives or the person that paid the funeral expenses. To claim refund, this affidavit should be completed and signed by the designated relative or the person that paid the funeral expenses. This form must be notarized and submitted with two pieces of identification, a certified copy of the death certificate and a paid copy of the funeral bill (if applicable). One of the forms of identification should be a birth certificate, marriage certificate or other documentation that establishes relationship to the deceased. The other ID must be a valid government picture ID such as a driver's license, passport, benefit card, social security card, or employment/school ID. For additional information visit our Cash Bail/Court & Trust Section at www.nyc.gov/finance or contact us at 212-908-7619 or visit us at nyc.gov/contactcashbail.

SECTION I - APPLICANT/SURVIVOR INFORMATION

1. Name of Survivor/Applicant
(Must be 18 years old): _____
PRINT LAST NAME OF SURVIVOR PRINT FIRST NAME OF SURVIVOR

2. Address: _____
NUMBER AND STREET Apt. #: _____

City: _____ County: _____ State: _____ Zip Code: _____
 Daytime Phone #: _____

3. I am the deceased surety's (Check one):
 spouse registered domestic partner child
 father or mother sibling niece/nephew

SECTION II - SURETY INFORMATION

1. Surety Name: _____ Date of Death: _____
PRINT LAST NAME OF SURETY PRINT FIRST NAME OF SURETY AS STATED ON DEATH CERTIFICATE

2. Address of Surety
(The last residence of the deceased): _____
NUMBER AND STREET

City: _____ County: _____ State: _____ Zip Code: _____

SECTION III - PAYMENT/BAIL INFORMATION

1. Indicate the docket and/or treasury receipt number:
 a) DOCKET/INDICTMENT # _____ b) TREASURY RECEIPT # (IF AVAILABLE) _____

2. The sum of \$ _____ was paid by, and is still owed to the deceased surety for payment of cash bail, and was on deposit with the NYC Department of Finance at the time of his/her death.

3. I direct payment of these monies to one or more of the following:
 Myself (Survivor/Affiant); and/or
 One or more of Surety's Relative(s) (Either spouse, registered domestic partner, parent, child or children (eighteen years of age or older), sibling or niece/nephew); and/or
 A creditor of the deceased surety or a person who has incurred the funeral expenses of the deceased surety pursuant to Section 1310 (3)(f) of the Surrogate Court Procedure Act (SCPA)

SECTION III - PAYMENT/BAIL INFORMATION - Continued

4. Indicate the names and addresses of persons entitled to cash bail refund payment and the amount to be paid:
(If any payment(s) are to be made to any person other than the applicant, the amount to each payee must be stated.)

a. Name: _____
PRINT LAST NAME PRINT FIRST NAME

Address: _____
NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

_____ \$ _____
RELATIONSHIP TO SURETY DISBURSEMENT/AMOUNT PAYABLE

b. Name: _____
PRINT LAST NAME PRINT FIRST NAME

Address: _____
NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

_____ \$ _____
RELATIONSHIP TO SURETY DISBURSEMENT/AMOUNT PAYABLE

c. Name: _____
PRINT LAST NAME PRINT FIRST NAME

Address: _____
NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

_____ \$ _____
RELATIONSHIP TO SURETY DISBURSEMENT/AMOUNT PAYABLE

SECTION IV - CERTIFICATION

I certify that I bear the stated relationship to the deceased surety who has been deceased as of the date that I have indicated and that it has been thirty-(30) days or more since the deceased surety's death. To my knowledge, no fiduciary has been appointed or qualified for the deceased surety's estate and I am aware that any person receiving payment pursuant to this affidavit may be accountable to such fiduciary if one be so appointed or to the public administrator of the county having jurisdiction of such money constituting the debt. I am completing this affidavit to obtain payment of the sum still owed to the deceased surety and I have provided the names and addresses of the persons entitled to and who will receive full or partial satisfaction of such indebtedness. I affirm that I have made a diligent inquiry and have provided the names of those entitled to such payment and to the best of my knowledge, the aggregate payment does not exceed \$15,000 (pursuant to Section 1310 of the SCPA), and the deceased surety has not designated in writing a person to whom such money shall be paid upon his/her death. I agree to indemnify the New York City Department of Finance and hold it harmless as to any claims relating to such payment(s).

 Signature of Applicant

Sworn to before me

on _____, 20____

 Notary Public/Commissioner of Deeds

Notary
 Affix
 Stamp
 Here

FOR OFFICIAL USE ONLY

 Customer Representative's Initials and Date

 Supervisor's Initials and Date