



APPLICATION FOR CERTIFICATE OF DEPOSIT

Mail to: NYC Department of Finance, Treasury Division, Client Services, 66 John Street, 12th Floor, New York, NY 10038

Instructions: Please complete, notarize and mail this application to the address above. See General Instructions on page 4.

OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

Certificate Date: ____/____/____	Certificate Number: _____	Account Number: _____	Amount: \$ _____
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SECTION A. COURT AND CASE INFORMATION

- Name of Court _____ 2. County of Court _____
- Index no.: _____ Year: _____
- Name of Case: _____ VS. _____
- Nature of Case: _____
- The funds were deposited by:
 - The Court under receipt number _____
 - A party to the case
- Date of Deposit: ____/____/____
MONTH DAY YEAR

SECTION B. CLAIMANT INFORMATION

- Claimant's Full Name: _____
- Claimant's Country of Citizenship: _____
- Claimant's address: _____
NUMBER AND STREET CITY STATE ZIP CODE
- Names and addresses of payees other than claimant are (list all that apply):
 - NAME ADDRESS CITY STATE ZIP CODE
 - NAME ADDRESS CITY STATE ZIP CODE
 - NAME ADDRESS CITY STATE ZIP CODE

Corporations only

- Claimant was incorporated in the State of _____, County of _____
 Was corporation dissolved? YES NO If "YES" give date: ____/____/____
 If "NO", is corporation actively engaged in business? YES NO

SECTION C. FUND INFORMATION

1. Name of the attorney in the action or proceeding in which the deposit was made:

 FIRST NAME LAST NAME

2. How did claimant or attorney learn about the funds? _____

3. What is your relationship to the claim? Tenant Landlord Attorney Relative Creditor
 (choose one)
 Other: _____

4. If funds were deposited for benefit of infant, date of birth of infant: _____
 MONTH / DAY / YEAR

5. I intend to withdraw: Entire fund Portion of fund

6. Dates and amounts of prior withdrawals, if applicable:
 a. _____ / _____ / _____ AMOUNT
 DATE
 b. _____ / _____ / _____ AMOUNT
 DATE
 c. _____ / _____ / _____ AMOUNT
 DATE
 d. _____ / _____ / _____ AMOUNT
 DATE

INDIVIDUAL CLAIMANT AND ATTORNEY CERTIFICATION
 ALL SIGNATURES MUST BE ACKNOWLEDGED BEFORE PRESENTATION

SIGNATURE OF CLAIMANT	SIGNATURE OF CLAIMANT	SIGNATURE OF ATTORNEY OR ASSIGNEE REPRESENTING CLAIMANT(S)
RESIDENCE ADDRESS	RESIDENCE ADDRESS	OFFICE ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

STATE OF _____ }
 COUNTY OF _____ } ss.

On this _____ day of _____, 20_____, before me, the undersigned personally appeared _____, and _____ and _____, personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name (s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature (s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

 SIGNATURE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

 OFFICE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

CLAIMANT IDENTIFIED BY: _____

ATTORNEY OR ASSIGNEE IDENTIFIED BY: _____

CORPORATE CERTIFICATION

ALL SIGNATURES MUST BE ACKNOWLEDGED BEFORE PRESENTATION

SIGNATURE OF CLAIMANT	SIGNATURE OF CLAIMANT	SIGNATURE OF CLAIMANT
TITLE	TITLE	TITLE
RESIDENCE ADDRESS	RESIDENCE ADDRESS	RESIDENCE ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

STATE OF _____ }
 COUNTY OF _____ } ss.

On this _____ day of _____, 20_____, before me, the undersigned personally appeared _____, and _____

and _____, personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name (s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature (s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

 SIGNATURE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

 OFFICE OF INDIVIDUAL TAKING ACKNOWLEDGEMENT

NOTE: Corporate seal must be affixed

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Approved by: _____ Date: _____/_____/_____

GENERAL INSTRUCTIONS

1. Everyone who should receive a payment must sign as "claimant" in the appropriate Certification section. Make copies of page 2 or 3, if necessary.
2. A notary who is not one of the claimants must certify the claimants' signatures. If the notary is from outside New York State, attach the notary's Certificate of Authenticity to the application.
3. If the fund is in the name of a deceased person, attach Letters of Administration, Letter of Testamentary, and Transfer Tax Waivers to the application.
4. If you are an attorney-in-fact or assignee, attach a copy of your power of attorney or assignment to the application.
5. Mail original copy of this Application for Certificate of Deposit with any required attachments to NYC Department of Finance, Client Services Unit, 66 John Street, 12th Floor, New York, NY 10038.
6. After we approve your application, we will mail you the Certificate of Deposit and a copy of the processed application.
7. Both the copy of application and the Certificate of Deposit must be attached to the motion filed in Court.
8. The court order should direct the Department of Finance or the Commissioner of Finance to pay to the specified person(s) the specified amount(s) plus accrued interest, if any, less lawful fees.

Attorneys who want the check mailed to them should have that instruction included in the court order. (Rule 2607, C.P.L.R.)

9. One copy of the order, certified by the clerk of the court, must be delivered to Treasury Division/Client Services at 66 John Street, 2nd Floor, WITH one copy of the petition, affidavit and/or stipulation. (Rule 2607, C.P.L.R.)