



# CASH BAIL

# SURETY SURVIVOR'S AFFIDAVIT

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

**Instructions:** Use this affidavit to obtain cash bail payment following the death of the surety. As per Surrogates Court Procedure Sec 1310 (3): If a surety is deceased and a court has ordered the cash bail refund, it may be paid to certain designated relatives of the surety (listed below); or, a designated relative can authorize payment of the refund to a person who is a creditor of the surety or who paid his/her funeral expenses. To claim the refund, this affidavit should be completed and signed by a designated relative, notarized, and submitted to Finance at the address printed above, no sooner than thirty days after the surety's death. Two forms of ID are required. Some acceptable forms of identification are a valid NYS or out-of-state drivers license or non-driver ID, US passport, ATM bank/credit card, voter's registration card, employment ID, a NYC library card, or utility bill. One form of identification must contain a photo. Birth certificates and Social Security cards are not acceptable. Do not mail original forms of ID. A certified copy of the death certificate (and a copy of the paid funeral bill or other bill, if applicable) must accompany the affidavit. For more information, call 212-487-3046 or 487-3050.

### 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 receipt, docket and/or treasury receipt number:

a) CASH BAIL RECEIPT # \_\_\_\_\_ b) DOCKET/INDICTMENT # \_\_\_\_\_ c) 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