

**SUPREME COURT OF THE STATE OF NEW YORK  
WESTCHESTER COUNTY – CPT-ADR PART**

-----X

Plaintiff(s)/Petitioner(s),

-against-

Defendant(s)/Respondent(s).

-----X

**ACKNOWLEDGMENT  
OF RECEIPT OF ORDER  
AND FUNDS FOR  
DEPOSIT INTO A  
RESTRICTED ACCOUNT  
FOR THE BENEFIT OF  
AN INFANT/MINOR**

**(Attach a copy of the Infant Compromise Order received to this receipt.)**

1. I acknowledge receipt of the Infant Compromise Order (hereinafter "Order") in this matter, which is attached hereto and which directs the deposit of the funds in the amount specified in Item 7 below into a Restricted Account.
2. The account described below, in which funds have been deposited is a federally insured interest-bearing account and no withdrawals may be made without a court order until infant/minor reaches the age of eighteen (18) years of age.
3. Name and title on account: \_\_\_\_\_, as parent and natural guardian of infant \_\_\_\_ (initials only), jointly with an officer of said depository OR in trust for said infant (no trust fees to be charged) OR to the credit of said infant. [Delete/strike the foregoing that does not apply.]
4. Name of depository and branch address: \_\_\_\_\_
5. Last four digits of the account number: \_\_\_\_\_
6. Date account opened: \_\_\_\_\_
7. Amount of initial deposit: \$\_\_\_\_\_
8. Current balance: \$\_\_\_\_\_

I certify that the foregoing information is true and correct, that I am authorized to execute this acknowledgment of receipt on behalf of the named depository, and that no withdrawal of principal or interest from this account will be permitted without a signed, certified order under this case and index number from the court named above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Type or Print Name and Title)