

WESTCHESTER COUNTY SUPREME COURT

DIRECTIONS FOR APPLICATION FOR WITHDRAWAL OF FUNDS FROM AN INFANT COMPROMISE

The following papers seeking a withdrawal of infant's funds must be filed with the Westchester County Clerk (3rd Floor) or via NYSCEF (the Court's electronic filing system to which anyone can file once you register):

1. Proposed Order to Show Cause and petition. (Sample documents attached. Petition must be notarized.)
2. Notarized consent of the infant, if the infant is 14 years of age or older. (Sample attached).
3. Bank statement(s) showing the amount(s) currently on deposit.
4. A copy of the original Infant Compromise Order.
5. Estimates or bills for the amount requested.

** There is a \$45 filing fee

If you file a hard copy of the papers with the County Clerk, provide an email address in the petition. Once the Court signs and enters the Order to Show Cause, the Order to Show Cause will be emailed to you. Once you receive the Order to Show Cause, the Order to Show Cause and supporting papers must be served by overnight mail/delivery as directed in the Order to Show Cause (by an adult, who is not a party).

After the Order to Show Cause and supporting papers are served, file an affidavit of service (filled out by the adult who served the papers; sample attached) with the Court (County Clerk's Office or via NYSCEF).

SUPREME COURT
WESTCHESTER COUNTY

OFFICE FOR THE SELF-REPRESENTED

REQUIREMENTS FOR INFANT WITHDRAWAL OF FUNDS

PETITION OF GUARDIAN SHOULD INCLUDE:

1. Age and date of birth of Infant.
2. Residence of Infant.
3. If 14 years or over, acknowledged consent to be attached.
4. Attorney's fees asked, unless waived by affidavit.
5. Date of original deposit.
6. If recent compromise, amount received for loss of services, if none, "so state".
7. Dates and amount of prior withdrawals.
8. Amount now on deposit.
9. Amount of present withdrawal. (Attach Bills, estimates, etc.)
10. Purpose for which money is to be used.
11. Number of members in family.
12. Rent paid per month. *Expenses per month.*
13. Occupation of Father and earnings.
14. Occupation of Mother and earnings.
15. Number of children in family.
16. Ages of children.
17. Occupation of children and income, if any.
18. State whether or not family has any real property or income therefrom.
19. State total amount of money in all family bank accounts other than infants.
20. State if any previous application has been made for the relief requested. [CPLR-2217(b)]

[Print in black ink to fill in the spaces next to the instructions. The other spaces are for the Court to fill in.]

At the Settlement Conference Part of the Supreme Court of the State of New York held in and for the County of Westchester at the Courthouse thereof, 111 Dr. Martin Luther King, Jr. Blvd., White Plains, NY 10601 on the ____ day of _____, 2019.

PRESENT: HON. _____
Justice of the Supreme Court

-----X

_____,
[Fill in name[s]/initials as on Infant Compromise Order] Plaintiff(s)

-against-

ORDER TO SHOW CAUSE
FOR WITHDRAWAL OF
INFANT’S FUNDS

Index no. _____

_____,
[Fill in name(s) as on Infant Compromise Order] Defendant(s)
-----X

Upon reading and filing the petition of _____ [your name], sworn to on _____, 2019 [date petition was notarized], and upon the exhibits attached to the petition, and [identify other supporting papers, such as consent affidavit of infant if 14 years old or older] _____

Let _____ [Bank holding the infant’s funds], _____ [fill in County where infant resides] County Department of Social Services show cause before the Hon. Joan B. Lefkowitz, J.S.C., Settlement Conference Part, Courtroom 1600, of this Court, to be held at the Courthouse, 111 Dr. Martin Luther King Jr. Blvd., White Plains, NY 10601 on the ____ day of _____, 2019, at 9:15 o’clock in the forenoon or as soon as such party or attorney may be heard why an order should not be made, providing for the withdrawal of \$_____ from the joint bank account(s) held in the names of _____ [your name], as mother/father and natural

guardian of _____ [use infant's initials], an infant, and an officer of the bank for the sole use and benefit of infant for the following expenses/use, [state what the money withdrawn will be used for] _____, and for the reason that [briefly describe the reason why the withdrawal is being requested, for example: the family is unable to afford the expense]

_____.

Sufficient cause appearing therefor, let overnight mail/delivery service of a copy of this order, the petition in support, and all other papers upon which this order is granted, upon _____, the County Attorney for the County of _____ [County where infant resides], _____, on or before the ____ day of _____, 2019 be deemed good and sufficient.

ORDERED that an affidavit of service shall be filed with this Court with the Westchester County Clerk or via the NYSCEF website on or before ____ day of _____, 2019.

ORDERED that opposition papers, if any, shall be served and filed on or before _____, 2019.

ORDERED that the County Clerk for Westchester County is directed to file any documents filed by hard copy with the County Clerk on the NYSCEF website.

ORDERED that appearances are not required on the return date of this application. The application shall be decided on the submission of the papers.

HON. JOAN B. LEFKOWITZ, J.S.C.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

-----X

Plaintiff(s)

- against -

Defendant(s)

-----X

Petition for the Partial
Withdrawal of an Infants
Funds
Index No. _____

To The Supreme Court of the State of New York
County of New York

The Petition of _____ guardian of infant _____

respectfully shows to this court:

1. Infant is _____ years of age, having been born on the _____ day of _____, 20____.
2. Infant resides at _____.
3. The original bank deposit was \$ _____, and was made on the _____ day of _____, 20____.
4. The petitioner (Parent) received \$ _____ in settlement of the action for the loss of services.

5. Prior withdrawal(s) were made as follows:

DATE	AMOUNT	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The current amount now on deposit is \$ _____.

7. The amount of the current withdrawal request is \$ _____.

This money will be used to pay for:

8. There are currently _____ people living in the household. They are:

Name	Relationship
_____	_____
_____	_____
_____	_____

9. The monthly rent is: \$ _____ The monthly average expenses are \$ _____
(List of expenses attached)

10. The household MONTHLY income is as follows:

Father \$ _____ Mother \$ _____ Children \$ _____

11. The family does/does not own any real property (circle correct one).

12. The family has other bank accounts in the total amount of \$ _____

13. NO PRIOR APPLICATION FOR THIS RELIEF (the current withdrawal) HAS BEEN MADE TO THIS COURT.

Wherefore, the petitioner respectfully prays that this court grant the relief requested by this application.

Petitioner

STATE OF NEW YORK
COUNTY OF WESTCHESTER ss:

_____, being duly sworn, deposes and says that deponent is
_____, the petitioner in the within proceeding; has read the
foregoing petition and knows the content hereof; that the same are true to (his)/(her) own
knowledge, except as to the matters therein stated to be alleged on information and belief, and
that as to those matters (he)/(she) believed them to be true.

Petitioner

Sworn to before me, this
_____ day of _____, 20_____.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

-----x

Plaintiff(s)

Index No. _____

- against -

Consent of Infant
Fourteen Years and Older

Defendant(s)
-----x

I, _____, am the infant in this action or proceeding.
I have read the petition/affidavit of _____, my guardian/parent
made the _____ day of _____, 20____. I understand the
request for the proposed withdrawal of funds to be used for _____
_____ and I hereby
consent to the withdrawal amount sought in the sum of _____
(\$ _____).

Dated _____

Signature of Infant

Print Name of Infant

State of New York, County of Westchester, ss:

On the _____ day of _____, 20____ before me the undersigned, a
Notary Public in and for the county for said State, personally appeared _____
_____, the infant named herein, personally known to me on the basis of
satisfactory evidence to be the individual whose name is subscribed to the within instrument and
acknowledged to me that (s)he executed the same in his/her capacity. And that by his/her
signature on the instrument, the individual executed the same.

Notary Public

Instructions: Print to fill in the spaces next to the instructions.

Affidavit of Service After Commencement of Litigation

against _____ Index No. _____/_____

STATE OF NEW YORK, COUNTY OF _____ SS:

I, _____, [name of person who served papers],

being duly sworn, depose and say: I am over 18 years of age and am not a party to this case. I reside at [your address] _____.

On _____, 20____ [date of service], at _____AM/PM, [time of day], I served a true copy of the following papers: [identify papers served] _____

_____, in the following manner. [check box]

Personal Service By personally delivering the papers to _____ [identify person served] at _____ [address].

The individual I served had the following characteristics [check the right boxes]

<u>Sex</u>	<u>Height</u>	<u>Weight</u>	<u>Age</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Under 5"	<input type="checkbox"/> Under 100 lbs.	<input type="checkbox"/> 21-34 years
<input type="checkbox"/> Female	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 100-130 lbs.	<input type="checkbox"/> 35-50 years
	<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.	<input type="checkbox"/> 36-50 years
	<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.	<input type="checkbox"/> 51-65 years
	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.	<input type="checkbox"/> Over 65 yrs.

[describe]: Skin color _____ Hair color _____

Other identifying features, if any [describe]: _____

Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last-known address of the addressee(s) indicated below:

Overnight Delivery Service By depositing the same with an overnight delivery service in a wrapper properly addressed. Said delivery was made prior to the latest time designated by the overnight delivery service for overnight delivery. The delivery service used was _____ [name of delivery service used]

[Name(s) and address(es) of person(s) served]

Sworn to before me this _____ day of _____, 20____

[Sign name before a Notary]

Notary Public

[Print your name]