

**UNITED STATES DISTRICT COURT
for the
SOUTHERN DISTRICT OF INDIANA**

EX PARTE

EX PARTE MOTION FOR PAYEE CHANGE

This form is to be used by a victim or a victim’s authorized representative to request a change of the restitution payee in a criminal case. For details on how to complete and submit this form, please see Instructions for Completing Ex Parte Motion for Payee Change (p 2). **Use attachment(s) referencing line no. for additional information.**

SECTION 1 - VICTIM INFORMATION

a. Victim Name (as it appears in the judgment(s)):	b. Criminal Case Number(s):
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c. Defendant(s) Name(s):	d. Victim No. (for USAO use only):
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Address on File

e. Street

f. City	g. State	h. Zip
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i. Phone	j. Email
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k. Check if request is being made by an authorized representative of the victim.
 Victim representative name: _____
 Representative’s relationship to victim: Parent Legal guardian Executor of victim’s estate Legal counsel
 Heir Successor-in-Interest Other (please specify): _____

SECTION 2 - NEW PAYEE

l. New Payee Name:

Reason for Name Change

<p>m. For Individual Victim Death of the victim Marriage Divorce Court order Assignment of victim’s rights to restitution Other:</p>	<p>n. For Organizational Victim Merger, acquisition, consolidation, dissolution, or similar transaction Assignment of victim’s rights to restitution Other:</p>
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Address Associated with New Payee (if different from above)

o. Street

p. City	q. State	r. Zip
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s. Phone	t. Email
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SECTION 3 - SUPPORTING DOCUMENTATION

u. Petitioner has read Instructions for Completing Ex Parte Motion for Victim Payee Change and *is providing the required supporting documentation with this motion.*

SECTION 4 - DECLARATION

<p>v. For Individual Victim: I, _____, am the victim, or the authorized representative or successor thereof, named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.</p>	<p>w. For Representative of Victim: I, _____ am the authorized representative of (victim name) _____ who was named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.</p>
Printed Name	Printed Name
Signature	Signature
Date	Date

USAO USE ONLY – USAO Authorization of Payee Name Change	
Signature	Title
Date	Date

Instructions for Completing Ex Parte Motion for Restitution Payee Change

This form is to be used by a victim or a victim’s authorized representative to change the name of a criminal restitution victim. Please follow the instructions below.

SECTION 1 - VICTIM INFORMATION

- Box a** Enter the victim’s name as it appears on the criminal judgment or order of restitution.
- Boxes b-d** Provide as much of the information about the criminal case(s) as you can.
- Boxes e-j** Provide the address currently on file with the court and other contact information.
- Box k** If you are the victim, skip to SECTION 2.
If you are not the victim but are completing this form as the authorized representative of the victim, check the box “Check if request is being made by an authorized representative of the victim,” enter your name, and check the appropriate box describing your relationship to the victim.

SECTION 2 - NEW PAYEE

- Box l** Enter the new payee to which restitution should be paid.
- Box m** If you or the original victim are an individual, check the appropriate box to indicate the reason for the name change.
- Box n** If you or the original victim are an organizational victim, such as a business or other type of organization, check the appropriate box to indicate the reason for the name change.
- Boxes o-t** Complete this section if the name change requires a change of address and contact information.

SECTION 3 - SUPPORTING DOCUMENTATION

- Box u** Check Box u in Section 3 to indicate that you have read these instructions and are *providing the appropriate supporting documentation described below. At least one of these documents is required to support the request.*

Documentation Requirements for Individual Payee Change	
Reason for Change	Required Documentation
Death of the victim	certificate of death and: (1) copy of the will, if any, showing that you are the beneficiary of these funds; (2) documentation of appointment of executor and estate settlement, if any; and (3) your relationship to the decedent
Divorce	copy of the divorce decree and the order granting payee change
Court order	copy of the order which grants a payee change
Assignment of victim’s rights to restitution	copy of the legal document specifically authorizing the assignment
Other	copy of the document(s) that demonstrates a legally authorized payee change
Documentation Requirements for Organizational Payee Change	
Reason for Change	Required Documentation
Merger, acquisition, consolidation, dissolution, or similar transaction	copy of the document(s) which describes and authorizes this transaction
Assignment of victim’s rights to restitution	copy of the legal document which specifically authorizes this assignment
Other	copy of the document that demonstrates a legally authorized payee change

SECTION 4-DECLARATION

- Boxes v-w** By signing this form, you declare under penalty of perjury that the information and supporting documentation you provide are true and correct.

HOW TO SUBMIT: The fully executed form and any supporting documentation should be sent to the U.S. Attorney’s Office.

QUESTIONS: Please direct any questions to the U.S. Attorney’s Office.

Copy to:
 United States Attorney’s Office for the Southern District of Indiana
 Attn: Victim Witness Coordinator
 135 N. Pennsylvania Street, Suite 2100, Indianapolis, IN 46204
 -OR- Email: Stephanie.Lloyd@usdoj.gov and Johnna.Preidt@usdoj.gov
 (317) 266-6333