

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN

SEALED PETITION FOR RESTITUTION PAYEE NAME CHANGE

This form is to be used by a victim or a victim’s authorized representative to request a change of the name of a criminal restitution payee. For details on how to complete and submit this form, please see Instructions for Completing Petition for Restitution Payee Name Change (p 3). This form will be filed under seal to protect the privacy of the victim as required by statute. See 18 U.S.C. §§ 3509(d), 3612(b)(1)(G), 3771(a)(8).

SECTION 1 - VICTIM INFORMATION

a. Victim Name (as it appears in the judgment(s)):	b. Criminal Case Number(s):
c. Defendant(s) Name(s):	d. Victim Notification System (VNS) ID Number:

Address on File

e. Street		
f. City	g. State	h. Zip
i. Phone Number	j. Email	
k. <input type="checkbox"/> Check if request is being made by an authorized representative of the victim. Victim representative name: _____ Representative’s relationship to victim: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Executor/Administrator of victim’s estate <input type="checkbox"/> Legal counsel <input type="checkbox"/> Other (please specify): _____		

SECTION 2 - NEW NAME

l. New Victim / Restitution Payee Name:

Reason for Name Change

m. For Individual Victim <input type="checkbox"/> Death of the victim <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court order <input type="checkbox"/> Assignment of victim’s rights to restitution <input type="checkbox"/> Other: _____ (Additional space provided on p. 2)	n. For Organizational Victim <input type="checkbox"/> Merger, acquisition, consolidation, or similar transaction <input type="checkbox"/> Assignment of victim’s rights to restitution <input type="checkbox"/> Other: _____ _____
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Address Associated with New Name (if different from above)

o. Street		
p. City	q. State	r. Zip
s. Phone Number	t. Email	

SECTION 3 - SUPPORTING DOCUMENTATION

u. <input type="checkbox"/> Petitioner has read Instructions for Completing Petition for Restitution Name Change and is providing the required supporting documentation with this petition.

SECTION 4 - DECLARATION

v. For Individual Victim: I, _____, am the victim 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.	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.
Printed Name	Printed Name:
Signature	Title/Representative Capacity:
Date	Signature: _____ Date: _____

m. Reason for Name Change – Other (if additional space required):

U.S. ATTORNEY'S OFFICE USE ONLY

The submitted documentation regarding the requested name change has been reviewed and no objections were found.

Date _____

Assistant U.S. Attorney _____

THIS AREA FOR COURT USE ONLY

SEALED ORDER

The Petition for Restitution Payee Name Change in case number(s) _____ is hereby

- GRANTED
- DENIED
- OTHER: _____

The Clerk is directed to change the Restitution Payee's name accordingly and to file this Order under seal.

IT IS SO ORDERED:

Date

United States District Judge

Instructions for Completing Petition for Restitution Payee Name Change

This form is to be used by a victim or a victim’s authorized representative to change the name of a criminal restitution payee. Please follow the instructions below for completing and submitting this form. An employee of the District Clerk’s Office will contact you if the court requires additional information to support this petition.

SECTION 1 – VICTIM / RESTITUTION PAYEE 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 NAME

- Box l** Enter the new name to which restitution should be paid.
- Box m** If you are an individual, check the appropriate box to indicate the reason for the payee name change.
- Box n** If you are an organizational victim, such as a business or other type of organization, check the appropriate box to indicate the reason for the payee 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 Name Change	
Reason for Change	Required Documentation
Death of the victim	certificate of death and copy of the will showing that you are the beneficiary of these funds
Marriage	copy of the certificate of marriage showing the name change
Divorce	copy of the divorce decree and the order granting name change
Court order	copy of the order which grants a name 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 name change
Documentation Requirements for Organizational Name Change	
Reason for Change	Required Documentation
Merger, acquisition, consolidation, 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 name change

SECTION 4-DECLARATION

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

HOW TO SUBMIT

The fully executed form and any supporting documentation should be sent to the Clerk’s Office one of the following:

United States District Court
 Eastern District of Michigan
 Attn: Financial Department
 231 W. Lafayette Blvd.
 Detroit, MI 48226

Email: Financial_Restitution@mied.uscourts.gov