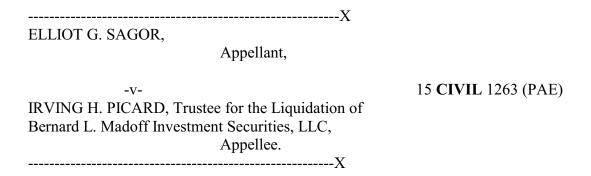
UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	USDC SDNY
In re Bernard Madoff Investment Securities, LLC, Debtor. X	DOCUMENT ELECTRONICALLY FILED 01/27/2016
DIANA MELTON TRUST, DATED 12/05/05, Appellant,	15 CIVIL 1151 (PAE)
-V-	JUDGMENT
IRVING H. PICARD, Trustee for the Liquidation of Bernard L. Madoff Investment Securities, LLC, Appellee.	
EDWARD A. ZRAICK, JR, et al., Appellants,	15 CIVIL 1195 (PAE)
-V-	13 CIVIL 1193 (1 AL)
IRVING H. PICARD, Trustee for the Liquidation of Bernard L. Madoff Investment Securities, LLC, Appellee.	
MICHAEL MOST, Appellant,	
-V-	15 CIVIL 1222 (DAE)
IRVING H. PICARD, Trustee for the Liquidation of Bernard L. Madoff Investment Securities, LLC, Appellee.	15 CIVIL 1223 (PAE)
AARON BECKER et al.,	
Appellants,	15 CIVIL 1236 (PAE)
IRVING H. PICARD, Trustee for the Liquidation of Bernard L. Madoff Investment Securities, LLC, Appellee.	



In 2011, the United States Court of Appeals for the Second Circuit approved the "Net Investment Method" for calculating a Bernard L. Madoff Investment Securities LLC ("BLMIS") customer's "net equity" -the touchstone by which the customer's right to share ratably in distributions from the BLMIS is to be measured. The Circuit rejected the alternative "Last Statement Method" under which a customer's net equity would have been determined based on the value listed on a customer's last account statement issued by BLMIS. The appeal addresses a corollary issue: how the Net Investment Method is to be applied in the context of transfers of funds between BLMIS customer accounts ("inter-count transfers"). And whereas Judge Bernstein of the United States Bankruptcy Court for the Southern District of New York resolved that issue in a December 8, 2014 Memorandum Decision ("Inter-Account Bankruptcy Decision") and a December 22, 2014 implementing order ("Order"), and the matter having come before the Honorable Paul A. Engelmayer, United States District Judge, and the Court, on January 14, 2016, having rendered its Opinion & Order (Doc. #37) affirming the Order of the Bankruptcy Court approving the use of the Inter-Account Method and denying the appeals challenging the Order; and directing the Clerk of Court to respectfully to close the above-captioned cases, it is,

ORDERED, ADJUDGED AND DECREED: That for the reasons stated in the Court's Opinion & Order dated January 14, 2016, the Order of the Bankruptcy Court approving the use of the Inter-Account Method is affirmed and the appeals challenging the Order

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are denied; accordingly, the cases are closed.

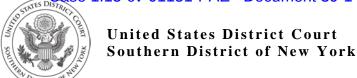
Dated: New York, New York January 27, 2016

RUBY J. KRAJICK

BY: Clerk of Court

Deputy Clerk

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Ruby J. Krajick Clerk of Court

Dear Litigant:

Enclosed is a copy of the judgment entered in your case. If you disagree with a judgment or final order of the district court, you may appeal to the United States Court of Appeals for the Second Circuit. To start this process, file a "Notice of Appeal" with this Court's Pro Se Intake Unit.

You must file your notice of appeal in this Court within 30 days after the judgment or order that you wish to appeal is entered on the Court's docket, or, if the United States or its officer or agency is a party, within 60 days after entry of the judgment or order. If you are unable to file your notice of appeal within the required time, you may make a motion for extension of time, but you must do so within 60 days from the date of entry of the judgment, or within 90 days if the United States or its officer or agency is a party, and you must show excusable neglect or good cause for your inability to file the notice of appeal by the deadline.

Please note that the notice of appeal is a *one-page* document containing your name, a description of the final order or judgment (or part thereof) being appealed, and the name of the court to which the appeal is taken (the Second Circuit) – *it does not* include your reasons or grounds for the appeal. Once your appeal is processed by the district court, your notice of appeal will be sent to the Court of Appeals and a Court of Appeals docket number will be assigned to your case. At that point, all further questions regarding your appeal must be directed to that court.

The filing fee for a notice of appeal is \$505 payable in cash, by bank check, certified check, or money order, to "Clerk of Court, S.D.N.Y." No personal checks are accepted. If you are unable to pay the \$505 filing fee, complete the "Motion to Proceed *in Forma Pauperis* on Appeal" form and submit it with your notice of appeal to the Pro Se Intake Unit. If the district court denies your motion to proceed *in forma pauperis* on appeal, or has certified under 28 U.S.C. § 1915(a)(3) that an appeal would not be taken in good faith, you may file a motion in the Court of Appeals for leave to appeal *in forma pauperis*, but you must do so within 30 days after service of the district court order that stated that you could not proceed *in forma pauperis* on appeal.

For additional issues regarding the time for filing a notice of appeal, see Federal Rule of Appellate Procedure 4(a). There are many other steps to beginning and proceeding with your appeal, but they are governed by the rules of the Second Circuit Court of Appeals and the Federal Rules of Appellate Procedure. For more information, visit the Second Circuit Court of Appeals website at http://www.ca2.uscourts.gov/.

THE DANIEL PATRICK MOYNIHAN
UNITED STATES COURTHOUSE
500 PEARL STREET
NEW YORK, NY 10007-1312

THE CHARLES L. BRIEANT, JR.
UNITED STATES COURTHOUSE
300 QUARROPAS STREET
WHITE PLAINS, NY 10601-4150

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(List the full name(s) of the plaintiff(s)/petitioner(s).)	()()()
(======================================	()()
-against-	NOTICE OF APPEAL
(List the full name(s) of the defendant(s)/respondent(s).)	
(List the full hame(s) of the defendant(s)/respondent(s).)	
Notice is hereby given that the following parties:	
(list the names of all parties who are filing an appeal)	
in the above-named case appeal to the United State	es Court of Appeals for the Second Circuit
from the □ judgment □ order entered o	on:
	(date that judgment or order was entered on docket)
that:	
(If the appeal is from an order, provide a brief description above o	f the decision in the order.)
Dated	Signature *
Name (Last, First, MI)	
Address City	State Zip Code
Telephone Number	E-mail Address (if available)

^{*}Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

		CV	
(List the full name(s) of the plaintiff(s)/petiti	ioner(s).)	CV	()()
-against-			OR EXTENSION O FILE NOTICE L
(List the full name(s) of the defendant(s)/res	spondent(s).)		
I move under Rule 4(a)(5) of the	Federal Rules of A	appellate Procedure for	an extension of time
to file a notice of appeal in this ac	ction. I would like	to appeal the judgment	t
entered in this action on	but did not fi	le a notice of appearan	ce within the required
time period because:			
(Explain here the excusable neglect or good	cause that led to your fa	ailure to file a timely notice of	appeal.)
	-		
Dated:		Signature	
Name (Last, First, MI)			
Address	City	State	Zip Code
Telenhone Number	-	F-mail Address (if available)	

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

			_CV	()()
(List the full name(s) of the plaintiff(s)/peti	tioner(s).)					
-against-		PRO	TION FOR CEED IN PERIS ON	FORM	ΙA	
(in the full county) of the defendants (in						
(List the full name(s) of the defendant(s)/re	espondent(s).)					
I move under Federal Rule of Appauperis on appeal. This motion			-	in form	a	
Dated	_	Signature				
Name (Last First Add)						
Name (Last, First, MI)						
Address	City	State	Ziŗ	Code		
Telephone Number	_	E-mail Address (if a	vailable)			

Application to Appeal In Forma Pauperis

v.	Appeal No
	District Court or Agency No
Affidavit in Support of Motion	Instructions
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed:	Date:

My issues on appeal are: (<u>required</u>):

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		amount during the past mont		Amount expo	ected next
	You	Spouse	You	Spouse		
Employment	\$	\$	\$	\$		
Self-employment	\$	\$	\$	\$		
Income from real property (such as rental income)	\$	\$	\$	\$		

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Interest and dividends	\$ \$	\$ \$
Gifts	\$ \$	\$ \$
Alimony	\$ \$	\$ \$
Child support	\$ \$	\$ \$
Retirement (such as social security, pensions, annuities, insurance)	\$ \$	\$ \$
Disability (such as social security, insurance payments)	\$ \$	\$ \$
Unemployment payments	\$ \$	\$ \$
Public-assistance (such as welfare)	\$ \$	\$ \$
Other (specify):	\$ \$	\$ \$
Total monthly income:	\$ \$	\$ \$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4.	How much cash do you and your spouse have? \$
	Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? [] Yes [] No Is property insurance included? [] Yes [] No	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$

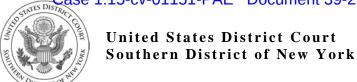
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Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage	payments)	
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$	\$
 9. Do you expect any major changes to your monthly incoor liabilities during the next 12 months? [] Yes [] No If yes, describe on an atta 10. Have you spent — or will you be spending —any money connection with this lawsuit? [] Yes [] No If yes, how much? \$	ched sheet.	

- 5 -

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11.	Provide any other information that will help explain why you cannot pay the docket fees for your appeal.		
12.	Identify the city and state of your legal residence.		
	City State		
	Your daytime phone number:		
	Your age: Your years of schooling:		
	Last four digits of your social-security number:		



HOW TO APPEAL YOUR CASE TO THE UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

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