

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
PETITION FOR WITHDRAWAL OF FUNDS FROM BLOCKED ACCOUNT <input type="checkbox"/> EX PARTE	CASE NUMBER:

1. Petitioner (*name*):
 requests an order permitting the withdrawal of funds belonging to the person described below.

2. The person whose funds are to be withdrawn (*name*): _____ is
 - a. a minor.
 - b. a conservatee.
 - c. a beneficiary.
 - d. other (*specify*): _____

3. The information about the person identified in item 2 is as follows:
 - a. Date of birth:
 - b. Address:
 - c. Telephone number:
 - d. Current school (*name and location*):

 - e. Current employer (*name and address*):

4. If the person identified in item 2 is a minor, the minor's parents are
 - a. Mother (*name, address, telephone number*):

 - b. Father (*name, address, telephone number*):

5. Petitioner brings this petition as (*indicate capacity*):
 - a. trustee.
 - b. custodian.
 - c. parent.
 - d. guardian.
 - e. conservator.
 - f. other (*specify*): _____

6. Account status:
 - a. Name and title on account:
 - b. Depository (*name*):
 - (1) Branch:
 - (2) Address:
 - c. Account number:
 - d. Current balance:

CASE NAME:	CASE NUMBER:
------------	--------------

6. e. Previous withdrawals from this account (*select one*):

- (1) None.
- (2) As follows:
- (a) Amount: \$
- (b) Date:
- (c) Purpose:

Additional withdrawals from this account described in Attachment 6e.

Continued (*provide information relating to each additional account from which funds are to be withdrawn on a separate attachment designated as Attachment 6*).

7. Amount of funds to be disbursed under this petition:

- a. Balance of account or accounts.
- b. Other (*specific total amount to be disbursed*): \$

8. Reasons for disbursement of funds:

- a. Minor has attained the age of 18 years or older, and this is a final distribution.
- b. Other (*describe*):

9. Payee to whom funds will be distributed:

a. Payee (*name*):

- (1) Address:
- (2) Amount: \$
- (3) Purpose:

b. Payee (*name*):

- (1) Address:
- (2) Amount: \$
- (3) Purpose:

c. Payee (*name*):

- (1) Address:
- (2) Amount: \$
- (3) Purpose:

d. Payee (*name*):

- (1) Address:
- (2) Amount: \$
- (3) Purpose:

Continued (*if there are additional payees, make a list and attach it to this petition as Attachment 9*).

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

SIGNATURE FOLLOWS LAST ATTACHMENT