

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>PETITION FOR WITHDRAWAL OF FUNDS                  FROM BLOCKED ACCOUNT</b> <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 The person whose funds are to be withdrawn (*name*): \_\_\_\_\_ is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:
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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Continued (*provide information relating to each additional account from which funds are to be withdrawn on a separate attachment designated as Attachment 6*).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