

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): _____ _____ _____ TELEPHONE _____ FAX NO. _____ NO. _____ (Optional): E-MAIL ADDRESS (Optional): _____ (Optional): ATTORNEY FOR _____ (Name):	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 The person whose funds are to be withdrawn _____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): a _____
 b minor
 c conservatee.
 d a beneficiary.
 e other
 _____ (specify):

i
s

3. The information about the person identified in item 2 is as follows:

a. Date of birth: _____
 Address: _____
 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 Custodia
 c Pare
 d Guardia
 e Conservato
 f Other
 _____ (specify):

6. Account

status _____
 Name and title on _____
 account _____
 (name): _____
 Branch: _____
 c. Address: _____
 Client _____
 balance: _____

CASE NAME _____	CASE NUMBER _____
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6. e. Previous withdrawals from this account (select one):

(Non
 1 As follows:
 2 (a) Amount: _____
) (b) _____
 (c) Date: _____
 Purpose: _____

Additional withdrawals from this account described in Attachment

Continued (provide information relating to each additional account from which funds are to be withdrawn on a separate attachment designated as Attachment 6).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

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

8. Reasons for disbursement of funds:

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) _____
 (2) Address: _____
 (3) _____
 b. Purpose: _____
 (name): _____
 (1) _____
 (2) Address: _____
 (3) _____
 c. Payee (name): _____
 (1) _____
 (2) Address: _____
 (3) _____
 d. Payee (name): _____
 (1) _____
 (2) Address: _____
 (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: _____
e: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)
SIGNATURE FOLLOWS LAST ATTACHMENT

