ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE FAX NO. NO (Optional): E-MAIL ADDRESS (Optional): (Optional):	
ATTORNEY FOR	
(Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS	
MAILING	
ADDRESS CITY AND ZIP	
CODE BRANCH ———	
CASE	
NAME:	
ORDER FOR WITHDRAWAL OF FUNDS FROM BLOCKED ACCOUNT	CASE NUMBER
1. The petition of	for withdrawal of
(name): was heard ex parte.	funds
b came on regularly for hearing in this court on (date):	
THE COURT	to withdrow funder upon procentation
2. Potensia er is authorized to withdraw funds and the depository is ordered to allow the petitioner of a filed endorsed copy of this order, in the total amount of: \$	to withdraw funds, upon presentation
3. The funds are located in the following account:	
a. Name and title on the	
ac Depository	
(name):	
Branch: ———	
Address:	
c. Account ——	
number:	
4. The funds are to be distributed by the depository, remittance payable as follows:	
a. Payee ——	
(narAn)ount:	
b. P a yee	
(name)ount:	
c. Payee	
(narAn)ount:	
d. Payee	
(narAer)ount:	
 Additional payees and amounts to be distributed are listed on Attachment 4. 	
5 The court further	
•orders:	
6. Number of pages attached:——	
Dat	
e:	
	JUDGE OF THE SUPERIOR COURT
	WS LAST ATTACHMENT Page 1
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