

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: 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 TO WITHDRAW FUNDS FROM BLOCKED ACCOUNT <input type="checkbox"/> EX PARTE	CASE NUMBER:

1. Petitioner (*name*):
requests an order authorizing the withdrawal of funds belonging to the person identified in item 2.

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 The person whose funds are to be withdrawn (*name*): is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

3. Additional information about the person named in item 2:
 - a. Date of birth:
 - b. Address:
 - c. Telephone number:
 - d. Email address:
 - e. Current school (*name and address*):
 - f. Current employer (*name and address*):

4. If the person identified in item 2 is a minor, the minor's parents are:
 - a. ☐ (*Name, address, phone number, and email*):
 - b. ☐ (*Name, address, phone number, and email*):

5. Petitioner brings this petition as the ☐ parent ☐ guardian ☐ conservator
☐ Other (*specify relationship*): of the person named in item 2.

6. Account status
 - a. Name and title on account:
 - b. Depository (*name*):
 - (1) Branch (*name*):
 - (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 of withdrawal:

☐ Additional previous withdrawals from this account are detailed in Attachment 6 (*for each additional previous withdrawal, give the information required by item 6e(2)*).f. ☐ Additional accounts from which petitioner seeks to withdraw funds are described in Attachment 6 (*for each additional account, give all the information required by item 6a–6e*).

7. Amount to be disbursed under this petition:

a. ☐ Balance of account or accounts described in item 6.b. ☐ Other (*specify total amount to be disbursed*): \$

8. Reasons for disbursement of funds:

a. ☐ Minor has reached 18 years of age, and this is a final distribution.b. ☐ Other (*describe*):

9. Person(s) to whom funds will be paid:

a. Payee (*name*):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

b. Payee (*name*):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

c. Payee (*name*):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

d. Payee (*name*):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

☐ Additional payees and amounts to be distributed are listed on 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