

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	STATE BAR NUMBER:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CASE NAME:		CASE NUMBER:
PETITION TO WITHDRAW FUNDS FROM BLOCKED ACCOUNT <input type="checkbox"/> EX PARTE		

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 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