

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime/Evening Phone No. _____
 ATLAS Number (if applicable) _____
 Attorney Bar Number (if applicable) _____
 Representing: Self (Without a Lawyer OR
 Attorney for: Petitioner Respondent

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of
 Guardianship and/or Conservatorship of

Case Number: _____

PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

_____ an Adult or a Minor

1. **APPOINTMENT:** The following person was appointed (name) _____
 and accepted appointment as (check one box):
 - Guardian and conservator on (date) _____
 - Guardian (date) _____
 - Conservator (date) _____
2. **BIRTH DATE:** The minor or adult was born on (date) _____
3. **RESTRICTED FUNDS:** The minor/adult has exactly \$ _____ in a restricted account,
 (account number) # _____ deposited with (name of bank or financial institution)
4. **NO PREVIOUS WITHDRAWALS:**
 - No previous withdrawals have been made from the account without a written order of this Court.
 (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)
5. **REASON THE FUNDS ARE NEEDED:**
 - The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

REASON/PURPOSE	AMOUNT
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
6. **NO OTHER SOURCE OF FUNDS:**
 - There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

