		FOR CLERK'S USE ONLY
Name	e of Person Filing:	
Mailin	ng Address:	
City, S	State, Zip Code:	
Dayııı ATLA	me/Evening Phone No S Number (if applicable)	
Attorn	ney Bar Number (if applicable)	
Repre	esenting: Self (Without a Lawyer OR	
□ Att	orney for: Petitioner Respondent	
		OURT OF ARIZONA /E COUNTY
	Matter of	Case Number:
Guard	dianship and/or Conservatorship of	PETITION FOR RELEASE OF FUNDS
		FROM RESTRICTED ACCOUNT
□ ar	n Adult or □ a Minor	
_		
1.		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 wa	s born on (date)
2	DESTRUCTED FUNDS. The selection of the selection	and 0
3.		exactly \$ in a restricted account, osited with (name of bank or financial institution)
	(account name), n asp	
4.	NO PREVIOUS WITHDRAWALS:	
		nade from the account without a written order of this Court. ix. If the statement is not true, see a lawyer for help.)
	(ii tiilo statement is true, onest the be	x. If the statement is not true, see a lawyer for help.)
5.	REASON THE FUNDS ARE NEEDED:	
	The minor/adult needs funds from the following amounts:	restricted account for the following reasons and in the
	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.)

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Case No

REQUEST TO THE COURT

PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINS AFTER NOTICE AND HEARING:

- 1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
- 2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition.
- 3. Make any other orders the Court decides are in the best interests of the minor/adult.

OATH OR AFFIRMATION

STATE OF ARIZONA				
County of Mohave) ss.)			
I swear or affirm under to the best of my knowl		the statements in	the Petition are true and correct	and complete
Signature		 	Date	
Sworn to or affirmed be	efore me this	day of	, 20	
by		∴		
My Commission Expires:		_		
			Notary Public/Deputy Clerk	