SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

_____X

In the Matter of the Guardianship of

PETITION FOR WITHDRAWAL OF INFANT'S PROPERTY FOR SUPPORT AND EDUCATION

File No. _____

an Infant.

_____X

TO THE SURROGATE'S COURT, COUNTY OF _____

The petition of the guardian respectfully alleges:

1. Name of guardian: _____ Phone Number: _____

Permanent Address: _____

Relation to infant: _____ Present Occupation: _____

Name of infant: _____

Permanent Address: _____

Date of birth: _____

2. Date Letters of Guardianship were issued: _____

[Check one] [ ] Person and Property [ ] Property only

3. The name and address of depository or depositories in which funds of the infant are deposited is or are:
[List all, attach additional sheet if needed]

Name: _____

Address: _____

Amount on deposit at date of this petition $ _____

4. The property and income of the infant is set forth in the annexed Schedule A summarized as follows:

Yearly Income $_____

Value of infant's property $_____

5. Petitioner requests authorization for withdrawal of the following amounts for the support or education of the infant:

(a) A lump sum of $ _____

(b) A sum of $ _____ by periodic withdrawals of $ _____ each month for a period of _____ months beginning _____ and ending _____ .

The funds are needed and are to be used for the following reasons and purposes: [Complete Schedule B]

_____

_____

_____

6. The parent or parents of the infant are: **[if deceased, state date of death]**

Father: _____

Permanent Address: _____

Mother: _____

Permanent Address: _____

The income and resources of infant's parent or parents are as set forth in Schedule C hereto annexed.

7. The reason the parent (s) of the infant cannot provide for the support or education of the infant is:

_____

_____

The estimated yearly household expenditures of infant's parent or parents are as set forth in Schedule D hereto annexed.

8. The funds of the infant withdrawn during the past calendar year of _____ are as follows: **[If "NONE", must so state]**

Date of order:	$_____
Amount authorized to be withdrawn	$_____
Total withdrawn and spent	$_____
Amount unexpended, if any	$_____

[Attach additional sheets as needed]

9. No previous application has been made for the relief now sought.

WHEREFORE, petitioner requests:

1. That the court authorize the withdrawal from funds of the infant on deposit in the name of the guardian in the _____

_____

_____

[Insert name and address of Depository]

for support, maintenance and education of the infant as follows:

(a) A lump sum of $ _____

(b) A sum of $_____ , by periodic withdrawals of not over $ _____ each month for one year beginning with the month of_____and ending with the month of _____ provided that any monthly sum not withdrawn for one month may be withdrawn during any succeeding month during the year.

(c) That petitioner may have such other or further relief as may be proper.

Dated: _____

_____
(Signature of Petitioner)

_____
(Print Name)

State of _____)

County of _____) ss.:

I, _____, the petitioner named in the foregoing petition, being duly sworn, say:

I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged on information and belief and as to these matters, I believe it to be true.

_____
(Signature of Petitioner)

Sworn to before me this
_____ day of_____ , _____

_____
(Print Name)

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

NOTE:

1. Withdrawal is subject to guardian filing any required annual account.
2. Court may require additional information relative to circumstances of parents or other facts justifying use of infant's funds.
3. Infant 14 years and over must join in and sign consent to petition, otherwise must be given notice as Court directs.
4. Generally periodic withdrawals will be limited to a period of 12 months or less.

CONSENT OF INFANT TO WITHDRAWAL

I, _____ , the infant named in the foregoing petition, being over the age of fourteen years, do hereby join in the petition and ask that the withdrawal be made as therein requested.

Dated: _____

_____
(Signature of Infant)

_____
(Print Name)

State of _____)

County of _____) ss.:

_____ being duly sworn, says that: I have read the foregoing petition, and the same is true of my own knowledge, except as to the matters therein stated to be alleged on information and belief, as to those matters, I believe them to be true.

_____
(Signature of Infant)

Sworn to before me this
_____ day of_____ , _____

_____
(Print Name)

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

SCHEDULE A (PARAGRAPH 4)

(Income & Property of Infant)

Annual Income -	Interest on bank deposits	$_____
	Social Security benefits	$_____
	Veterans benefits	$_____
	Wages	$_____
	Other income	$_____
	Total	$ _____

Property: Bank Deposits (Name Bank)

_____ $ _____

_____ $ _____

Other Property (Describe-State Value)

_____ $ _____

_____ $ _____

Total $ _____

SCHEDULE B (PARAGRAPH 5)
(List items for which funds are requested and amount,
e.g. tuition-name school and attach bill;
for medical, name doctor and amount.)

Item	Amount
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

SCHEDULE C (PARAGRAPH 6)

		Income and Resources of Parents:	
		Mother	Father
Earnings: Salary and Wages		$ _____	$ _____
Income from dividends, interest, etc.		$ _____	$ _____
Social Security (for Parent)		$ _____	$ _____
Social Security (for all infants)		$ _____	$ _____
Rents, Business income, etc.		$ _____	$ _____
	Total:	$ _____	$ _____
Assets:			
Bank accounts and securities		$ _____	$ _____
Real estate (Home)		$ _____	$ _____
Real estate (Other)		$ _____	$ _____
	Total:	$ _____	$ _____
Indebtedness:			
Mortgages		$ _____	$ _____
Other debts		$ _____	$ _____
	Total:	$ _____	$ _____

Names and ages of any dependents

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE D (PARAGRAPH 7)

Parent's Household

Estimated yearly household expenditures: $ _____

a. Home: Taxes, Mortgages, Insurance $ _____

Heat, Light, Water, Repairs $ _____

Rent $ _____

Other home costs $ _____

b. Family Maintenance:

Food $ _____

Clothing $ _____

Medical $ _____

Income Taxes $ _____

All Other $ _____

Total number of persons in household _____

Are infant's funds to be used toward paying any of the above expenses? If so, state which and how much:

_____ $ _____

_____ $ _____

_____ $ _____

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.: _____

Address of Attorney: _____