

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 The funds of the infant withdrawn during the past calendar year of _____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Amount authorized to be withdrawn \$ _____

Total withdrawn and spent \$ _____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for one year beginning with the month of _____ and ending with the month of _____ provided that any monthly sum not withdrawn for one month may be withdrawn during any succeeding month during the year.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.

Sworn to before me this _____ day of _____, _____

(Signature of Petitioner)

(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: _____