

Your Name:  
Your Address:  
Your City, State, ZIP:  
Your Telephone No:  
Representing Self, Without an Attorney

**IN THE SUPERIOR COURT OF ARIZONA, COUNTY**

In the Matter of the Conservatorship of: ) Case No.  
)  
) **PETITION FOR WITHDRAWAL**  
) **OF FUNDS FROM MINOR'S**  
) **RESTRICTED ACCOUNT**  
) **AND CONSENT OF MINOR**  
\_\_\_\_\_ Minor )

\_\_\_\_\_  
Judge/Commissioner

Petitioner alleges:

1. This petition is made by \_\_\_\_\_, who was appointed conservator of the estate of \_\_\_\_\_, a minor, on \_\_\_\_\_.
2. The approximate total value of this minor's estate is: \_\_\_\_\_.
3. The following assets of this minor are under court control:

TYPE OF ASSET FINANCIAL INSTITUTION ACCOUNT NO. APPROX. VALUE

4. Petitioner, as conservator, has need of funds for this minor in the amount of \_\_\_\_\_ for the following purposes:

5. The Financial Statement(s) To Be Signed By Custodial Parent(s) of the Minor are filed with this petition.

6. The persons entitled to notice of this proceeding are:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
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Petitioner requests that the court issue an order authorizing \_\_\_\_\_ (name of financial institution) to release the needed funds from account # \_\_\_\_\_ and, if applicable, authorizing the Clerk of the Court to release the passbook, funds, or certificate of deposit to \_\_\_\_\_

**The undersigned swears or affirms that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

**CONSENT OF MINOR\***

1. I am \_\_\_\_\_, the minor whose funds the conservator has petitioned to withdraw.
2. I was born \_\_\_\_\_ and am 14 years of age or older.
3. I have read the petition to withdraw funds from my account(s) and I consent to the requests made in the petition and waive the requirement of notice of the hearing on the petition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Signature

**\* Consent is required if the minor whose funds are being withdrawn is 14 or older.**





NECESSARY MONTHLY EXPENSES (For all persons residing in household)			HOUSEHOLD INCOME	
<b>Housing</b>			Gross Paycheck.....	
<b>Utilities:</b>			<b>Less:</b> Fed. Taxes	
Electricity			State Taxes	
Gas			FICA	
Water			Credit Union	
Phone			Insurance	
Garbage			Union Dues	
Food/Household Supplies			Savings/Etc.	
Work/School Lunch			Other	
Medical/Dental Supplies			<b>Total Deductions</b>	
Insurance (not deducted from pay)			<b>Net Paycheck</b>	
Clothing				
Child Care/Sitter			<b>OTHER MONTHLY INCOME</b>	
Support paid for spouse and/or minor child(ren) of prior marriage			Pension/ Retirement	
<b>Transportation:</b>			Social Security/SSI	
Car Repair/Maint.			Dividends/Interest	
Car Insurance			GA/TANF	
Gas/Oil			Spousal Maint./Support	
Bus/Taxi Fares			<b>Total Other Income</b>	
Other:				
			<b>Total Mo. Income--all sources</b>	
<b>Total Monthly Expenses</b>			<b>Total Mo. Income less Total Mo. Expenses/Payments</b>	
<b>MONTHLY PAYMENTS</b>				
Creditor	Balance	Payment		
<b>Total Monthly Payments</b>				
<b>Total Mo. Expenses/Payments</b>				

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**IN THE SUPERIOR COURT OF ARIZONA, COUNTY**

In the Matter of the Conservatorship of: ) Case No.  
)  
) **NOTICE OF HEARING**  
) **(Petition for Withdrawal of Funds from**  
) **Minor's Restricted Account)**  
\_\_\_\_\_  
Minor )

\_\_\_\_\_  
Judge/Commissioner

NOTICE IS GIVEN that the court will consider the Petition for Withdrawal of Funds from Minor's Restricted Account on \_\_\_\_\_, 20\_\_\_\_, at the hour of \_\_\_\_\_ at the court designated above, the address of which is:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

**THIS IS A LEGAL NOTICE. YOUR RIGHTS MAY BE AFFECTED.  
ESTE ES UN AVISO LEGAL. SUS DERECHAS PODRÍAN SER AFECTADAS.**

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**IN THE SUPERIOR COURT OF ARIZONA, COUNTY**

In the Matter of the Conservatorship of: ) Case No.  
)  
) **PROOF OF NOTICE**  
)  
\_\_\_\_\_  
Minor )  
\_\_\_\_\_  
Judge/Commissioner

The undersigned states that copies of the **Petition for Withdrawal of Funds from Minor's Restricted Account, Financial Statement of Custodial Parent(s) of Minor**, and completed **Notice of Hearing** were delivered or mailed to the following persons:

<u>NAME AND ADDRESS</u>	State whether <u>DELIVERED OR MAILED</u>	<u>DATE</u>
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**The undersigned swears or affirms that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

