



STANISLAUS COUNTY SUPERIOR COURT
www.stanislaus.courts.ca.gov
(209)530-3100

Revised 1/1/21

Petition and Order for Withdrawal of Funds from Blocked Account Packet

This packet includes the necessary forms to withdraw funds from a blocked account.

Judicial Council forms, local forms and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, and on the following Websites:

Stanislaus County Superior Court

<http://www.stanislaus.courts.ca.gov>

Local forms

<http://www.stanislaus.courts.ca.gov/forms>

Judicial Council's Self-Help website

<http://www.courts.ca.gov/selfhelp>

For more information on Libraries, Websites, or Self-Help Legal Books

<http://www.courts.ca.gov/selfhelp/lowcost/libraries.html>

PREPARATION

You are required to bring in one (1) original plus two (2) copies of all documents. Your papers must be legible and clear enough to photocopy. Whether typed or hand printed, they must be completed in blue or black ink.

If the minor has reached the age of majority (18), please provide verification of age. For example: a copy of birth certificate, a copy of driver's license or a copy of a State Identification card.

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 801 10TH STREET, 4TH FLOOR MAILING ADDRESS: 801 10TH STREET, 4TH FLOOR CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME:	
CASE NAME:	
ORDER AUTHORIZING WITHDRAWAL OF FUNDS FROM BLOCKED ACCOUNT	CASE NUMBER:

1. The petition of (name): _____ to withdraw funds
- a. was heard ex parte.
- b. came on regularly for hearing in this court on (date): _____

THE COURT ORDERS

2. Petitioner is authorized to withdraw, and the depository is ordered, on presentation of a file-stamped copy of this order, to permit the petitioner to withdraw, funds in the total amount of: \$ _____ .
3. The funds are held in the following account:
- a. Name and title on account:
- b. Depository (name):
 (1) Branch (name):
 (2) Address:
- c. Account number:
4. The funds are to be distributed by the depository, remittance payable as follows:
- a. Payee (name):
 (1) Address:
 (2) Amount: \$
- b. Payee (name):
 (1) Address:
 (2) Amount: \$
- c. Payee (name):
 (1) Address:
 (2) Amount: \$
- Additional payees and amounts to be distributed are listed on Attachment 4.
5. The court further orders:

6. Number of pages attached: _____

Date:

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 801 10TH STREET, 4TH FLOOR MAILING ADDRESS: 801 10TH STREET, 4TH FLOOR CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME:	
CASE NAME:	
PETITION TO WITHDRAW FUNDS FROM BLOCKED ACCOUNT <input type="checkbox"/> EX PARTE	CASE NUMBER:

1. Petitioner (*name*):
 requests an order authorizing the withdrawal of funds belonging to the person identified in item 2.

2. The person whose funds are to be withdrawn (*name*): is
 a. a minor.
 b. a conservatee.
 c. a beneficiary.
 d. other (*specify*):

3. Additional information about the person named in item 2:
 a. Date of birth:
 b. Address:
 c. Telephone number: d. Email address:
 e. Current school (*name and address*):

 f. Current employer (*name and address*):

4. If the person identified in item 2 is a minor, the minor's parents are:
 a. (*Name, address, phone number, and email*):

 b. (*Name, address, phone number, and email*):

5. Petitioner brings this petition as the parent guardian conservator
 Other (*specify relationship*): of the person named in item 2.

6. Account status
 a. Name and title on account:
 b. Depository (*name*):
 (1) Branch (*name*):
 (2) Address:
 c. Account number:
 d. Current balance: \$

CASE NAME:	CASE NUMBER:
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6. e. Previous withdrawals from this account (select one):

(1) None.

(2) As follows:

(a) Amount: \$

(b) Date:

(c) Purpose of withdrawal:

Additional previous withdrawals from this account are detailed in Attachment 6 (for each additional previous withdrawal, give the information required by item 6e(2)).

f. Additional accounts from which petitioner seeks to withdraw funds are described in Attachment 6 (for each additional account, give all the information required by item 6a–6e).

7. Amount to be disbursed under this petition:

a. Balance of account or accounts described in item 6.

b. Other (specify total amount to be disbursed): \$

8. Reasons for disbursement of funds:

a. Minor has reached 18 years of age, and this is a final distribution.

b. Other (describe):

9. Person(s) to whom funds will be paid:

a. Payee (name):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

b. Payee (name):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

c. Payee (name):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

d. Payee (name):

(1) Address:

(2) Amount: \$

(3) Purpose of payment:

Additional payees and amounts to be distributed are listed on Attachment 9.

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF PETITIONER)

SIGNATURE FOLLOWS LAST ATTACHMENT