

[Fill in the spaces next to the instructions. Other spaces are for Court use.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

Present:

Hon. _____
Justice of the Supreme Court

-----X

_____,
[2. Fill in name(s)] Plaintiff(s)

-against-

_____,
[3. Fill in name(s)] Defendant(s)

-----X

[1. Index No. & Year]

Index No. _____

PETITION FOR
WITHDRAWAL OF AN
INFANT'S FUNDS

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NASSAU:

The petition of **[4. Your name]** _____ guardian
of infant **[5. Insert infant name]** _____ respectfully shows to
this court:

1. Infant is **[6. Insert infant age]** _____ and infant date of birth is
[7. Insert infant date of birth.] _____

2. Infant resides at **[8. Insert Infant Residence]**

3. The original bank deposit was **[9. Insert Amount]**\$ _____ and was made on
[10. Insert Date of Deposit] _____.

4. The petitioner received **[11. Insert Amount, if none write zero]** \$ _____,
in settlement of the action for loss of services.

9. The monthly rent is **[18. Insert rent amount, if petitioner owns residence, write zero]** \$_____.

10. The monthly mortgage and fixed carrying charges are **[19. Insert mortgage amount, and include any utilities]** \$_____.

11. The household's monthly income is as follows: **[20. Include all income.]**
Father \$_____ Mother \$_____ Children \$_____ Other \$_____

12. The family **[21. Check one]** ___ does ___ does not own any real property.

13. The family has other bank deposits in the total amount of **[22. Insert all bank deposits including money market and brokerage accounts]** \$_____

14. No prior application for the relief (the current withdrawal) have been made to this Court. **[23. If a prior application for the current withdrawal was made state the Court, when, who made the application, the result of the application, attach a copies of the application and explain why you are making another application.]**

WHEREFORE, your petitioner respectfully asks that this court grant the relief requested in this petition.

Petitioner Signature
[24. Your signature]

[25. Print Your Name]

[26. Your Address]

[27. City, State & Zip Code]

[28. Your Phone Number]

[Fill in the spaces next to the instructions. Other spaces are for Court use.]

At a(an) IAS/Special Term Part ___
of the Supreme Court of the State
of New York, held in and for the
County of Nassau, at the
Courthouse thereof, located at
100 Supreme Court Drive,
Mineola, New York on the ___ day
of 20_____

PRESENT: HON. _____
Justice of the Supreme Court
-----X

_____,
[40. Fill in name(s)] Plaintiff(s)

-against-

_____,
[41. Fill in name(s)] Defendant(s)

[39. Index No. & Year]

Index No.

_____/_____

ORDER FOR
WITHDRAWAL OF AN
INFANT'S FUNDS

-----X
Upon the Petition of **[42. Your Name]** _____ duly
sworn on **[43. Insert date petition signed]** _____, and the
acknowledged consent of the infant **[44. Insert infant name]** _____

[45. Insert infant age] age _____ and upon all supporting papers attached thereto, and
sufficient reason appearing for the granting of the relief sought by the petitioner herein,

Now on the motion of **[46. Your Name]** _____
petitioner, it is

ORDERED, that the **[47. Insert Name of Bank]** _____ Bank,
located at **[48. Insert address of Bank]** _____,

be and it is hereby authorized and directed to page over to **[49. Your Name]**
_____ in account number **[50. Insert Number]** _____

to the credit of **[51. Insert infant name]** _____, on service upon
[52. Insert Name of Bank] _____, of a •ã } ^â copy of this

order, the sum of **[53. Insert amount]**\$ _____
in a check(s) made payable to _____

for the use and benefit of said infant.

ORDERED, that receipts for any of the approved purchases shall be filed with the Clerk of the Court (the Nassau County Clerk) within 90 days of the date of entry of this order.

ENTER

JSC

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

_____,
[55. Fill in name(s)] Plaintiff(s)
-against-

[54. Index No. & Year]

Index No.

_____ / _____

_____,
[56 Fill in name(s)] Defendant(s)

-----X

[57. Insert name(s) of papers submitted]

[58 YOUR SIGNATURE]

[59. PRINT YOUR NAME]

[60. YOUR ADDRESS]

[61. CITY, STATE ZIP CODE]

[62. YOUR PHONE NUMBER]