

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

DISTRICT COURT  
JUDICIAL DISTRICT  
PROBATE COURT DIVISION

Court File No. \_\_\_\_\_

In the Matter of:

\_\_\_\_\_

**PETITION FOR  
RELEASE OF FUNDS**

1. \_\_\_\_\_ (“Petitioner”) requests an order permitting withdrawal of funds now held in a restricted account. Petitioner brings this motion (check all that apply):

As I have attained legal age (date of birth: \_\_\_\_\_); OR

On the minor’s behalf as \_\_\_\_\_ (specify whether trustee, custodian, parent, legal guardian, conservator, or other specified role).

2. Funds are now held on behalf of \_\_\_\_\_ in the following account:

Name of Depository: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ (Place on separate form 11.1\* or only include last 4 digits)

Date Account Opened: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

\*= As required by Rule 11.2 of the Minnesota General Rules of Practice

3. Previous withdrawals from the account, each of which was approved by the Court, are as follows:

None

*OR*

\$ \_\_\_\_\_ on \_\_\_\_\_ for the purpose of \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_ for the purpose of \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_ for the purpose of \_\_\_\_\_

Check if additional space is needed, and attach a separate sheet with that information.

4. Petitioner seeks the release of funds in the amount of \$ \_\_\_\_\_ for the following reason:

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

*OR*

The funds will be used for the benefit of the minor in the following way:

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*Check if additional space is needed, and attach a separate sheet with that information.*

5. Funds should be disbursed as follows:

\$ \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ to \_\_\_\_\_

*Check if additional space is needed, and attach a separate sheet with that information.*

I declare under penalty of perjury under the laws of these State of Minnesota that the foregoing is true and correct, and that any funds released pursuant to this request will be used for the benefit of the minor and in the way stated.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

County where signed:  
\_\_\_\_\_

Type or Print Name \_\_\_\_\_

State where signed:  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_