

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT	

I, _____ (name of Conservator(s)), respectfully request authority to withdraw \$ _____, on deposit in the restricted account(s) listed below:

Attach current bank statement.

Name and Address of Financial Institution	Account Number (last 4-digits only)	Current Balance in Account
		\$
Total		\$

The funds are requested for the following purchase/reasons(s): Attach supporting documentation for your request.

 Signature of Conservator and/or Attorney Date

 Address

 City, State and Zip Code
 Check if new address
 Date: _____

 Signature of Conservator and/or Attorney Date

 Address

 City, State and Zip Code
 Check if new address

 Signature of Minor if 12 years of age or over

Certificate of Service

I certify that on _____ (date) a copy of this Motion to Withdraw Funds from Restricted Account was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

 Signature