

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ GDN _____

In re Estate of

Minor

PETITION FOR AUTHORITY TO EXPEND FUNDS

1. Guardian of the estate of the minor hereby requests permission to make the following proposed expenditures from the funds of the minor for the maintenance of the minor in accordance with Superior Court, Probate Division Rule 222:

- Monthly expenditure of \$_____ per month;
- Annual expenditure of \$_____ per year; or
- One-time only expenditure of \$_____.

(For example, a monthly expenditure for clothing of \$100.00 per month; a \$1,500.00 per year expenditure for clothing, birthday, and holiday gifts; or a \$1,000.00 one-time only expenditure for purchase of a computer for the minor.)

2. The type of expenditure requested is as follows:

3. The reason for the request is as follows:

4. Petitioner provides the following information:

- a. Age of minor:

b. Residence of minor:

c. Total current assets of minor:

d. Annual income of minor:

e. Ending balance of last approved account:

f. Past expenditures authorized:

5. If the petitioner is a parent of the minor, explain why the parent is not paying, and attach a financial statement for the parent.

6. State whether the expenditure

will or

will not

require a sale of all or part of the principal of the minor's estate and why. (If a sale is required, D.C. Code, sec. 21-147 must be complied with.):

Signature of Attorney

Signature

Typed Name of Attorney

Typed Name

Address (Actual address/not Post Office Box)

Address (Actual address/not Post Office Box)

Telephone number

Telephone number

Unified Bar number

E-mail address (optional)

VERIFICATION

I _____, being first duly sworn, on oath, depose and say that I have read the foregoing pleading by me subscribed and that the facts therein stated are true to the best of my knowledge, information, and belief.

Signature of petitioner

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public/Deputy

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20__, a copy of the foregoing petition was served by first class mail, postage prepaid, on the following parties (list names and addresses of all parties):

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ GDN _____

In re Estate of

Minor

ORDER REGARDING PETITION FOR AUTHORITY TO EXPEND FUNDS

Upon consideration of the Petition for Authority To Expend Funds filed on _____, 20__, by _____, it is hereby this ____ day of _____, 20__,

ORDERED

1. That the petition is Granted Denied
2. That the following expenditures are approved subject to proper accounting:

JUDGE

cc:

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

PROBATE DIVISION

FINANCIAL STATEMENT

In re Estate of _____, minor _____ GDN _____

| | | |
|-------|--|-------------|
| NAME: | | OCCUPATION: |
|-------|--|-------------|

| | |
|---------------------------------------|--|
| NAME AND ADDRESS OF CURRENT EMPLOYER: | I claim _____ exemptions for withholding tax purposes. |
|---------------------------------------|--|

| INCOME INFORMATION* | | AVERAGE MONTHLY EXPENSES | | |
|---------------------|---------------------------|--------------------------|---|----------|
| | | Wife/Husband | Children | |
| 1. | Monthly gross wages | \$ _____ | Housing, etc. | |
| | | | Rent/Mortgages | \$ _____ |
| | | | Utilities | _____ |
| | | | Taxes | _____ |
| | | | Food | |
| | | | Groceries/Household | |
| | | | Supplies | |
| | | | Meals Out | |
| | | | Automobile | |
| | | | Payment | |
| | | | Gas/Oil | |
| | | | Repairs | |
| | | | Insurance | |
| | | | Tags | |
| | | | Life Insurance | |
| | | | (List Beneficiaries) | |
| | | | _____ | |
| | | | _____ | |
| | | | Health Insurance (not listed as income deduction) | |
| | | | _____ | |
| | | | School | |
| | | | Tuition | |
| | | | Supplies/Fees | |
| | | | Child Care Expenses | |
| | | | To allow for employment/education | |
| | | | To allow for recreation | |
| | | | Lesson (e.g. music, dance, art) | |
| | | | Allowance | |
| | | | Clothing/Uniforms | |
| | | | Dry Cleaning/Laundry | |
| | | | Medical Expenses (Unpaid by Insurance) | |
| | | | Charitable Contributions | |
| | | | Recreation | |
| | | | Vacations | |
| | | | Miscellaneous: | |
| | | | _____ | |
| | | | _____ | |
| | | | _____ | |
| | | | Period Payments Required on Bills: | |
| | | | _____ | |
| | | | _____ | |
| | | | _____ | |
| | | | Total Monthly Expenses | |
| | | | _____ | |
| | | | _____ | |

* NOTE: If you are paid weekly, multiply your weekly gross wages by 4.3 to arrive at your monthly gross wages. If you are paid every two weeks, multiply your bi-weekly gross wages by 2.15 to arrive at your monthly gross wage.