SUPERIOR COURT OF THE DISTRICT OF COLUMBIA PROBATE DIVISION

	GDN
In re Estate of	
Minor	
PETITION FOR AUTHORITY TO EXPEND FU	<u>JNDS</u>
 Guardian of the estate of the minor hereby requests permifollowing proposed expenditures from the funds of the minor fother minor in accordance with Superior Court, Probate Division F Monthly expenditure of \$ per month; Annual expenditure of \$ per year; or 	or the maintenance of
[] One-time only expenditure of \$ (For example, a monthly expenditure for clothing of \$100.00 per year expenditure for clothing, birthday, and holiday gifts; of time only expenditure for purchase of a computer for the minor 2. The type of expenditure requested is as follows:	or a \$1,000.00 one-
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 mi	nor:
d. Annual income of minor:	
e. Ending balance of last app	proved account:
f. Past expenditures authoriz	zed:
5. If the petitioner is a parent of the and attach a financial statement for	e minor, explain why the parent is not paying, the parent.
6. State whether the expenditure [] will or	
[] will not	
	incipal of the minor's estate and why. (If a sale
is required, D.C. Code, sec. 21-147	must be complied with.):
	Signature of filer
:	Typed name of filer

	Address (actual address/not Post Office	Box)
	Telephone number	
	Email address	
	Unified Bar number (if filer is an attorned	 ∋y)
7	<u>/ERIFICATION</u>	
1	_, being first duly sworn, on oath, depo	se and
say that I have read the foregoing I	pleading by me subscribed and that the	facts
therein stated are true to the best of	of my knowledge, information, and belie	f.
	Signature of petitioner	
Subscribed and sworn to before me	e this day of	20
Cassinoa ana swom to bolote me		
	Notary Public/Deputy	
	Notally Public/Deputy	

CERTIFICATE OF SERVICE

I certify that on the	_ day of	, 20	_, a copy of this	
	d in accordance with the provisio			
13-15 or served by first	class mail, postage prepaid, on	the follow	ing persons (list	
names and complete ma	ailing addresses):			
		Siç	gnature	

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

		GDN
In re Estate of		
Minor		
ORDER REGARDING PETITI	ION FOR AUTHORITY TO EX	KPEND FUNDS
Upon consideration of the Petting The Land Consideration of the Pet	etition for Authority To Expend 20,	d Funds filed on , it is hereby
 That the petition is That the following expenditures 	[] Granted	[] Denied
	JUDGE	

See attached list.

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

PROBATE DIVISION

FINANCIAL STATEMENT

In re Estate of		, min	or		_ GDN
NAME:			OCCUF	PATION:	
NAME AND ADDRESS OF CURRENT EMPLOY	/FD·				
NAME AND ADDRESS OF CORRENT EMPLO	ICK.				exemptions
					g tax purposes.
INCOME INFORMATION*		AVERA		NTHLY EXPEN	
1 Monthly gross wages	\$	Housing etc		Wife/Husband	Children
1. Monthly gross wages	>	Housing, etc. Rent/Mortgages		\$	\$
2. Less Mandatory Monthly Deductions:		Utilities		Ψ	
Federal Income Tax \$		Taxes			
State Income Tax \$		Food			
Retirement:		Groceries/Househo			
FICA \$		Supplies			
Social Security \$ Medical Insurance \$		Meals Out Automobile			
Other \$		Payment			
TOTAL \$		Gas/Oil			
·		Repairs			
3. Monthly Net Wages	\$	Insurance			
(Subtract Line 2 from Line 1)		Tags			
4 Monthly income from all other courses		Life Insurance			
 Monthly income from all other sources (e.g., part-time or overtime 		(List Beneficiaries))		
wages, fees, rents, dividends,		(Elst Beneficialies)	,		
commissions, unemployment					
compensation, disability, social					
security, retirement, interest,	_				
bonuses, etc.)	\$	Health Insurance (not listed as income dedu			
5. Less Other Mandatory Monthly Deductions:		listed as income dedu	iction)		
Federal Income Tax \$		School			
State Income Tax \$		Tuition			
Retirement:		Supplies/Fees			
FICA \$		Child Care Expenses			
Social Security \$ Medical Insurance \$		To allow for employment/education	ation		
Other \$		To allow for recrea			
TOTAL \$		Lesson (e.g. music, d			
		art)			
6. Monthly Net Income from		Allowance			
All other sources	\$	Clothing/Uniforms			
(Subtract Line 5 from Line 4)		Dry Cleaning/Laundry Medical Expenses	/		
7. Total Monthly Net		(Unpaid by Insurance	2)		
Disposable Income	\$	Charitable Contribution			
·		Recreation			
		Vacations			
8. Total Monthly Gross Income	\$	Miscellaneous:			
(Add Lines 1 and 4)					
SUMMARY					
9. Total Monthly Net	Φ.	Period Payments Requ	uired		
Disposable Income (line 7)	\$	on Bills:			
10. Less Total Monthly Expenses	\$				
. 5. 2555 Fotol Monthly Expenses	*				
11. Difference	\$				
		Total Monthly Expense	es		

^{*} 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.

		LIABI	LITIES			
Type of Debt	To Whom (To Whom Owed		Total Amount of Debt	Amount Paid to Date	Balance Due
				Tot	al Liabilities:	
ASSETS (List as separately or jointly owned)		SUMMARY				
	Separate	Joint			Separate	Joint
Cook			Total Assats			
Cash			Total Assets			
Automobiles			Less Total Lia	abilities		
Bank Accounts			Net Worth			
Bonds						
Notes						
Real Estate						
Stocks						
Personal Property						
						
Total Assets		l na first duly swo	rn on oath dend	ose and say that I ha	ve read the forego	ing financial
statement and that the facts t belief.						
Subscribed and sworn before i	me this	day of		(Signature	e)	
				(Deputy Clerk or No	tary Public)	