

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
ORDER FOR WITHDRAWAL OF FUNDS FROM BLOCKED ACCOUNT	CASE NUMBER:

1. The petition of (*name*): _____ for withdrawal of funds
- a. was heard ex parte.
- b. came on regularly for hearing in this court on (*date*): _____

THE COURT ORDERS

2. Petitioner is authorized to withdraw funds and the depository is ordered to allow the petitioner to withdraw funds, upon presentation of a filed endorsed copy of this order, in the total amount of: \$ _____
3. The funds are located in the following account:
- a. Name and title on the account:
- b. Depository (*name*):
- (1) Branch:
- (2) Address:
- c. Account number:
4. The funds are to be distributed by the depository, remittance payable as follows:
- a. Payee (*name*):
Amount: \$ _____
- b. Payee (*name*):
Amount: \$ _____
- c. Payee (*name*):
Amount: \$ _____
- d. Payee (*name*):
Amount: \$ _____
- Additional payees and amounts to be distributed are listed on Attachment 4.
5. The court further orders:
6. Number of pages attached: _____

Date: _____

 JUDGE OF THE SUPERIOR COURT

SIGNATURE FOLLOWS LAST ATTACHMENT