

STATE OF MICHIGAN
COUNTY OF ALPENA
PROBATE COURT

REQUEST AND ORDER
AUTHORIZING RELEASE OF FUNDS
FROM SUPERVISED ACCOUNT

FILE NO.

In the matter of _____

REQUEST

I request the following amount(s) be released from the court ordered supervised account(s).

Name of Institution: _____	Name of Institution: _____
Account No. _____	Account No. _____
Amount on Deposit: _____	Amount on Deposit: _____
Amount to be withdrawn: _____	Amount to be withdrawn: _____
Purpose of withdrawal: _____	

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

signature of conservator

ORDER

____ The request is denied.
____ The request is granted as follows:

IT IS HEREBY ORDERED, that _____ is authorized to release funds from the court supervised account # _____ the amount of \$ _____. Released funds are to be delivered/transferred to _____
_____ \$ _____.

Verification of the Release must be filed with the court within 10 days from the date of this order.

Date

Hon. Thomas J. LaCross, P36751

RELEASE

The court supervised account # _____ was released in the amount of \$ _____ and delivered/transferred this date to _____
_____ \$ _____

Date

Signature of bank official/teller

Do not write below this line – For court use only