IN THE PROBATE COURT OF DELAWARE COUNTY, OHIO

Guardianship of

Trust of _____

Case No. _____

MOTION FOR AUTHORITY TO EXPEND FUNDS FROM A RESTRICTED ACCESS CUSTODIAL ACCOUNT

Request is made by the _____ Guardian of the estate of the minor or the incompetent/

_____ Trustee of the above named trust, for authority to expend funds from the restricted

access custodial funds in this matter and in support of the request represents to the Court that

the request is for the best interest of the ward or beneficiary. The request is as follows:

(State the amount requested, the nature and purpose for the expenditure, the frequency and duration of the request if more than a single request. Attach supporting documentation and explain why the need cannot be met from other resources available to the ward or beneficiary or from those otherwise responsible for the care and support of the ward, if a minor.)

Depositary:	Account No.: XXXX
 Attorney's Signature	Applicant's Signature
Attorney's Printed Name; Sup Ct. #	Applicant's Printed Name
Cu	Expend Funds from Restricted Access stodial Account (12/10/2015)