

## Morris County Surrogate's Court

**Heather J. Darling, Esq.**  
*Surrogate*

PO Box 900  
Morristown, New Jersey 07963-0900  
Tel # (973) 285-6500  
Fax # (973) 829-8599

**Christopher Luongo, Esq.**  
*Deputy Surrogate*



Enclosed, are Petition documents for a partial withdrawal from Minor Funds. Please complete the Fact Sheet and the Petition.

The Petition must be signed before a Notary Public and notarized.

After completing the forms return them to the Morris County Surrogate Court at the address above.

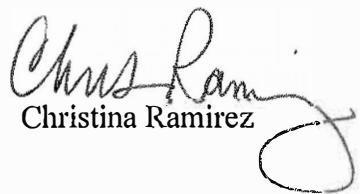
Please include a letter, stating the purpose of the partial withdrawal, along with any supporting documents.

Once the documents are received, they will be presented to the Superior Court for approval.

If approved, the Surrogate Court will issue a check, which will be mailed to you.

If you have any questions, please feel free to contact me at 973-285-6069.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Ram".  
Christina Ramirez

Superior Court of New Jersey  
Chancery Division, Probate Part  
Morris County

IN THE MATTER OF THE  
GUARDIANSHIP OF

Petition

A Minor

Petitioner, \_\_\_\_\_ residing

at: \_\_\_\_\_

1. I am duly appointed guardian of the estate of \_\_\_\_\_, a minor of the age of \_\_\_\_ years. And said minor has on deposit the sum of \$ \_\_\_\_\_ at the present time, under joint control of myself and the Surrogate Court of Morris County, New Jersey. The interest on said deposit is approximately \$ \_\_\_\_\_ per year.
2. Said Minor presently resides with me \_\_\_\_; or said minor presently resides at \_\_\_\_\_; said minor is attending school \_\_\_\_; said minor is employed at \_\_\_\_\_ and earns \$ \_\_\_\_\_ weekly.
3. Said minor requires expenditures from his/her funds for the purpose of \_\_\_\_\_ and estimates that there will be required the sum of \$ \_\_\_\_\_ to cover said expenses and needs of the minor as the parents of said minor are unable to provide for the necessary expenditures.
4. Petitioner requests that an order be entered by the court directing the payment of the above expenses or needs of the minor in accord with the statute.

It is on this \_\_\_\_\_ day of \_\_\_\_\_ 2023, ORDERED:

\_\_\_\_\_  
Petitioner

STATE OF NEW JERSEY      }  
                                    }  
COUNTY OF MORRIS      }

Being duly sworn, upon his/her oath, deposes and says: I am the petitioner named in the foregoing petition and the allegations thereof are true to the best of my knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

Notary Public of New Jersey \_\_\_\_\_

MORRIS COUNTY SURROGATE COURT  
FACT SHEET – WITHDRAWAL OF FUNDS FOR MINOR

MINOR INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PRESENT ACCOUNT BALANCE: \$ \_\_\_\_\_

ORIGINAL DEPOSIT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ SOURCE: \_\_\_\_\_

GUARDIAN(S) RELATION TO MINOR: \_\_\_\_\_

NATURAL PARENTS' INFORMATION

FATHER

MOTHER

NAME: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WAGES/SALARIES \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

SUPPORT PAYMENTS \_\_\_\_\_

NUMBER CHILDREN AT HOME \_\_\_\_\_

NATURAL PARENTS' EXPENSES

RENT/MORTGAGE \_\_\_\_\_ UTILITIES \_\_\_\_\_ CLOTHING \_\_\_\_\_ PHONE \_\_\_\_\_

FOOD \_\_\_\_\_ MEDICAL \_\_\_\_\_ INSURANCE \_\_\_\_\_ HEALTH/HYGIENE \_\_\_\_\_

TRAVEL \_\_\_\_\_ OTHER (ITEMIZE) \_\_\_\_\_

NON-PARENT GUARDIAN(S)

NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_