	ROGATE'S COURT OF THE STATE OF NEW YORK NTY OFX		
In the	Matter of the Guardianship of	PETITION TO CLOSE GUARDIANSHIP ACCOUNT (Guardian)	
	a Former Infant.	File No	
ТОТ	X HE SURROGATE'S COURT OF THE COUNTY OF	:	
1. the fo	The name and permanent address of petitioner (guardian) are removed in the state of	nd the name and permanent address and birth date of	
Name	e of guardian:	Phone Number:	
Perm	anent Address:		
	ionship to former infant:		
	e of former infant:		
	anent Address:		
	of birth:		
2. of hav	The guardian has custody and control of the following proper ving attained the age of eighteen.	ty to which the former infant is now entitled by reason	
	The sum of \$deposited in Account	Noin the	
		with accrued interest. [Attach current bank statement]	
	(Name and Address of Depository)	<u> </u>	
	[Attach additional sheets	as needed]	
3.	I have informally accounted to the former infant whose consent to this petition is submitted herewith.		
4.	There are no persons interested in this proceeding other than	n those herein above mentioned.	
above	WHEREFORE, petitioner requests a decree directing and a e-mentioned, and for such other relief as may be proper.	uthorizing payment to the former infant of the property	
Dated	d:		
		Signature of Petitioner	
		Print Name	
STAT	TE OF) NTY OF) ss.:		
the co	I, the undersigned petitioner being duly sworn, say: That I have ontents thereof, and that the same is true of my own knowledge,		
	n to before me this	Signature of Petitioner	
day o	f,	Print Name	
Comr	ry Public mission Expires: Notary Stamp or Seal)		

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CONSENT OF FORMER INFANT

Ι,			, residing at
do hereby state:			
I hereby join in the within petition a	and consent to the relie	f requested.	
of all property which was received balance of all property mentioned	by said guardian and I	hereby request that said	rmally accounted to me for the administration d guardian be directed to turn over to me the
Dated:			
			Signature of Former Infant
			Print Name
STATE OF) COUNTY OF)	ss.:		
On the	_day of	,	, before me personally came
Notary Public Commission Expires: (Affix Notary Stamp or Seal)		duly acknowledged illai	executed the same.
Signature of Attorney:			
Print Name:			
Firm Name:			Tel.No.:
Address of Attorney:			

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