



Ministry of the Attorney General Office of the Children's Lawyer

Minors' Funds - Consent to payment out of court

I, _____, born _____
(insert first and last name of minor) (mm/dd/yyyy)

, of the City/Town of _____
(insert name of City/Town)

request that money from the Trust Account held on my behalf by the Accountant of the Superior Court of Justice, be paid out for the following purpose(s):

Table with 3 columns: Purpose, Total Amount, Name of Payee

I agree and consent to the payment(s) being made out of my Trust Account held to my credit by the Accountant of the Superior Court of Justice for the amount(s) and reason(s) listed above.

Signature of Minor Date (mm/dd/yyyy)