

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF	} PETITION TO INCREASE MONTHLY WITHDRAWAL
A DISABLED PERSON	C.M
TO THE HONORABLE CHANCELL	OR OF THE COURT OF CHANCERY:
Petition of	, (co) Guardian(s) of
	, respectfully represents:
	uardian by Order dated: Petition is duly
qualified and is acting as such Guardian	
2. The net assets of the estate	consist of cash on deposit in the sum of \$ in
3. Petitioner was granted peri	nission to withdraw \$ per month from the
Guardianship account without further G	Order of this Court on
4. The monthly expenses of the	ne disabled have increased beyond the amount previously
authorized due to	
as evidenced by copies of	
5. Petitioner respectfully pray	s the Court to authorize the increase of the monthly withdrawal to
to \$without further O	rder of the Court.
6. The income from all source	es is inadequate for such purpose and funds are not available
from any other source.	
Guardian	Guardian
Address	Address
Phone	Phone
The above named Guardian(s) having be true and correct. Sworn to and subscrib	been duly sworn, deposes and says that the facts above recited are beed before me
Notary	



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF	ORDER
A DISABLED PERSON	C.M#
The foregoing petition having been	considered by the Court.
IT IS ORDERED thisday of	,, that,
Guardian(s) of	is hereby authorized to increase the monthly
Withdrawal to \$ without further	r Order of this Court, from the account of the said Disabled
Person, on deposit with	·
This withdrawal amount shall be in	n effect until further Order of this Court.
	Master