

FOREST COUNTY POTAWATOMI TRIBAL COURT

**IN THE MATTER OF
THE GUARDIANSHIP OF:**

Case No: _____

FUNDING REQUEST

1. I am the ☐ Ward
2. I am the ☐ Guardian (name) _____.
3. Amount requested: _____.
4. I am requesting a withdrawal of funds from my account for the following reason(s):

PLEASE PROVIDE ANY DOCUMENTATION YOU MAY HAVE.

Dated this _____ day of _____, 20____.

(Sign name)

(Print name)

Address: _____

Phone: _____
