In the Interest of M	/linor Child(ren)/Ward	d: Case No.:	
	÷		
	AC	COUNTING	
On	,, ť	he Court released \$, from the (underline
one) Incompetent T	rust Fund/Children's Tr	ust Fund Account(s) of	Initial(s) of child(ren)/ward and date of birth

IN THE

I am now providing the Court with the following documents associated with the following expenditures of that funding:

•	List type of document (i.e. receipt)	Amount Released	List Purpose of Release (i.e. dental)	
•		\$		
٠		_ \$		
•		_ \$,
٠		_ \$		

Respectfully Submitted,

Print Name

Attachment(s): Certificate of Service

IN THE **HO-CHUNK NATION TRIAL COURT**

Case Caption:	Case No(s).:	
CE	RTIFICATE OF SERVICE	
Motion for	I served a true and correct copy of the attached	
 Other:	l/or	
(Name)	(Name)	
(Address)	(Address)	
(Name)	(Name)	
(Address)	(Address)	
(Print Your Name)	(Your Signature)	
(Your Phone Number)		
(Your Address)		
¹ Filings with the Court must be mailed or h upon agreement by all parties. Certificate of Service	nand delivered, however service upon another party can be done by em	