

MINOR'S FUND REQUEST CHECKLIST

- Read the Instruction Sheet.
- Review the Community Resource Sheet and reach out to any available resources.
- Fill out the Questionnaire.
- Fill out the Petition For Release of Minor's Funds Held With the Clerk (included in the packet) completely.
 - Include all necessary attachments that will be needed to make a decision on the request.
 - Do not forget to include any applicable medical or school letters related to proving that the request is a necessary medical or educational expense.
 - Do not forget to include invoices from a provider outlining the expense. For medical invoices, be sure adjustments for insurance are clearly delineated.
 - Ensure the Petition is notarized.
- Return completed Minor's Fund Packet to:
 - Mecklenburg County Courthouse, Room 3600
 - ATTN: Judicial Hearing Officers
 - 832 East 4th Street
 - Charlotte , NC 28202

**INSTRUCTIONS FOR PETITION
FOR RELEASE OF MINOR'S FUNDS HELD WITH CLERK**

Pursuant to North Carolina law, the Clerk's office is authorized to manage minor's funds not exceeding \$25,000. The goal is to preserve these funds until the minor reaches the age of majority (eighteen-years old). In some counties, the Clerk of Court does not allow for **any** disbursements under any circumstances prior to the minor reaching the age of majority.

In Mecklenburg County, the Clerk's office allows for narrow exceptions as it relates to **educational and medical necessities**. Requests related to educational necessities **must** include a letter from the educational provider asserting that the request is necessary for the child's education. Requests related to medical necessities **must** include a letter from the medical provider asserting that the request is necessary for the child's health. Both types of requests **must** include an invoice from the provider. Medical invoices shall include clearly delineated insurance adjustments.

In addition to a showing of educational and/or medical necessity, the petitioners (i.e. parents) also need to show why they are financially unable to provide for these necessities and that they have exhausted all other community resources (i.e. resources on the Community Resource List, and other assistance provided by nonprofits and charities) and sources of assistance (i.e. DSS, Medicaid, resources available through the public school system).

BEFORE A HEARING IS SCHEDULED you must fully complete the enclosed Questionnaire and Petition, and return them together with the required letters and documentation. Once you have completed the requisite documents you may either return them in person to Suite 3600, or mail them to:

**Mecklenburg County Courthouse, Room 3600
ATTN: Judicial Hearing Officers
832 East Fourth Street, Charlotte, North Carolina, 28202**

Upon receipt of the completed packet, a judicial hearing officer will review the Petition, Questionnaire, and documents, and will either allow or deny a hearing. If a hearing is denied, you will be mailed a copy of the denial stating the reason why. If a hearing is allowed, you will be mailed a notice of the date and time of the hearing.

The hearing is an opportunity for the Court to ask questions and receive more information about the request. You must arrive on time, as late arrivals will not be heard.

QUESTIONNAIRE

1. Your full name as listed on a government-issued identification:

2. The best telephone number to be able to reach you:

_____ Type of phone: _____

3. Your mailing address:

4. Have you asked for assistance from any organization on the Community Resource List? If yes, list the date of your request, the content of your request (what did you ask for?), and the result of your request (what did you receive?). _____

5. What other community resources (not listed on the Community Resource List) have you asked for assistance? List the date of your request, the content of your request (what did you ask for?), and the result of your request (what did you receive?). _____

6. Do other sources of support or income exist for the minor (i.e. does the minor received child support, social security benefits, other benefit payments, etc.)? _____

7. If a hearing is scheduled, is there a day of the week or time of day that works best with your schedule? (Hearings are normally held Monday through Thursday, from 9:00am to 3:30 pm.)

COMMUNITY RESOURCE LIST

Educational Support/School Supplies

Communities in Schools

601 E 5th Street, #300
Charlotte, NC 28202
704.335.0601
www.cischarlotte.org

Council for Children's Rights

601 E. Fifth Street, Suite 510
Charlotte, NC 28202
704.372.7961
www.cfcrights.org

Clothing and Household Goods

Assistance League of Charlotte

3405 S. Tryon St.
Charlotte, NC 28217
704-525-5000

Beds for Kids

2519 S. Tryon St.
Charlotte, NC 28203
980-422-1192

Charlotte Berean Seventh-day Adventist Church

1801 Double Oaks Rd
Charlotte, NC 28206-2301
704-377-6313

Crisis Assistance Ministries

500 Spratt Street
Charlotte, NC 28206
704. 371.3001
www.crisisassistance.org

Goodwill Industries

2901 A Freedom Dr.
Charlotte, NC 28208
704-372-3434

Jackson Park Ministries

5415 Airport Rd.
Charlotte, NC 28208
704-392-4981

Matthews Help Center

119 N. Ames St.
Matthews, NC 28105
704-847-8383

Housing Resources

Charlotte Family Housing

300 Hawthorne Ln.
Charlotte, NC 28204
704-335-5488

Charlotte Housing Authority

400 E. Blvd.
Charlotte, NC 28203
704-336-5183

Community Link

601 E. 5th St. #220
Charlotte, NC 28202
704-943-9490

Crisis Assistance Ministries

500 Spratt Street
Charlotte, NC 28206
704. 371.3001
www.crisisassistance.org

Jackson Park Ministries

5415 Airport Rd.
Charlotte, NC 28208
704-392-4981

IN THE MATTER OF:

Minor Child's Full Name

Minor Child.

PETITION FOR RELEASE OF MINOR'S FUNDS
HELD WITH CLERK

N. C. Gen. Stat. § 7A-111 et seq.

The PETITIONER(s), being duly sworn, deposes and says as follows:

1. My name(s) is/are _____
Full names of Petitioner or Petitioners
2. I/We am/are the _____ of _____,
Relationship to Child *Minor Child's Full Name*
who is _____ years old. I am a person who is legally responsible for the care and maintenance of
Age
said child.
3. No Guardian is presently appointed to the above-named child in relation to this action.
4. The above-named minor child is an indigent and needy child, and has funds with the Court.
5. The following is a detailed, itemized list of **medical and/or educational necessities** which the above-named
minor child is in need of : _____

6. \$ _____ is needed from the minor's funds to supply the above necessities for the minor.
Amount
7. **I have described specific steps that I have taken to access community resources as outlined in the attached
questionnaire.** These necessities cannot be supplied to the minor either from myself, from family members, or
from other sources because: _____

8. It is in the best interest of the minor to pay the requested amount for said necessities. Said amount will be used and faithfully applied for the **exclusive** benefit and maintenance of the said minor/needful child.

WHEREFORE, the Petitioner requests this Court withdraw the amount requested from the minor's funds and pay them for the use and benefit of the minor. This the _____ of _____, 20____.

Day Month

Signature of Petitioner

Signature of Petitioner

Sworn to and subscribed before me this the _____

Day _____, 20_____.

Signature of Person Authorized to Administer Oaths