

**REGISTRY FUNDS WITHDRAWAL INFORMATION SHEET**

Case No: \_\_\_\_\_

Case Style: \_\_\_\_\_

Name, Address and Phone Number of Requesting Party

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Payee: Self Attorney Parent/Guardian/Next Friend (circle one)

State of Texas Bar Number (if applicable): \_\_\_\_\_

How will the check be disbursed: Certified Mail Courier Personal Pickup

Name, Address and Phone Number of Recipient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*A Valid Photo ID and Birth Certificate are Required  
When Claiming Funds Upon Required Age\*\*\***

Payable to: \_\_\_\_\_ (Valid Photo ID Required)

Check # \_\_\_\_\_ (Filled out by County Clerk)

**\*\*PURSUANT TO TEXAS LOCAL GOVERNMENT CODE §117.055, A 5% UP TO \$50.00  
HANDLING FEE OF THE TOTAL WILL BE DEDUCTED IF THE FUNDS WERE NOT  
INVESTED.**

**\*\*PURSUANT TO TEXAS LOCAL GOVERNMENT CODE §117.054, 10% OF THE  
ACCRUED INTEREST WILL BE DEDUCTED FOR A HANDLING FEE IF THE FUNDS  
WERE INVESTED.**

\_\_\_\_\_  
Deputy Clerk