

REGISTRY FUNDS WITHDRAWAL REQUEST (Rev. 09.22)

Submit in Person to: Tina Chambers or Via Email: tina.chambers@co.ellis.tx.us

(Form must be completed in its entirety or it will be returned)

Order Date: _____

Cause No: _____

Style of Case: _____

Requesting Party Information:

Name: _____

Address: _____

Phone Number: _____

Relationship to Payee: Self Attorney Parent/Guardian/Next Friend

State of Texas Bar Number (if applicable): _____

Payable To: _____ (Valid Photo ID Required)

Amount: \$ _____

Method of Disbursement: Mail Personal Pickup (Must be picked up within 7 days)

Recipients Information: Same as Requestor:

Name: _____

Address: _____

Phone Number: _____

Applicants Signature: _____

** For age required withdrawals, a valid Photo ID & Birth Certificate are required when claiming funds.

** Pursuant to Texas Local Government Code §117.055, an Administrative Fee of 5% up to \$50.00 of the total will be deducted if the funds were not invested.

** Pursuant to Texas Local Government Code § 117.054, an Administrative Fee of 10% of the accrued interest will be deducted if the funds were invested.

Office Use Only:

Check # _____ Amount: _____ Check # _____ Amount: _____

Method of Disbursement: _____

Deputy Clerk: _____ Date: _____