## **Registry of the Court Information**

(Information Required for Investment of Funds)

Cause #	-	Judicial District Court
Date of Order:		
*** Please note: Our fina	ncial institutions require the date o	f birth, complete social security
number and the first, midd	lle, and last name of a minor for wh	om funds are to be deposited. ***
Beneficiary:		
	lle and Last Name)	
Address:	,	
	State:	Zip:
	DOB:	
Phone:		
Beneficiary:		
	lle and Last Name)	
• /		
City:	State:	Zip:
Full SS#:		Gender:
Phone:		
Beneficiary:		
	lle and Last Name)	
Address:	•	
City:		Zip:
Full SS#:		Gender:
Phone:		
Interested Party:		
• ———		
City:	State:	Zip:
Phone:		<sub>F</sub> ,
Guardian Ad Litem:		
Information Provided By	:	
File this request along wi	th your payment to: <b>Susan S</b> J	pradling ounty District Clerk

File in Person: 2507 Lee Street, Suite #204, Greenville, Texas 75401 File by Mail: P.O. Box 1437, Greenville, Texas 75401-1437