

DATA REQUIRED FOR INVESTMENT OF FUNDS

(Information on this form will remain confidential)

CAUSE NUMBER: _____

NAME UNDER WHICH FUNDS ARE TO BE INVESTED TELEPHONE

ADDRESS CITY STATE ZIP

SOCIAL SECURITY NO. DATE OF BIRTH (If Minor)

TAX ID NUMBER (if applicable) MOTHER'S MAIDEN NAME (if minor)

NAME OF ATTORNEY TELEPHONE

ADDRESS CITY STATE ZIP

ATTORNEY AD LITEM TELEPHONE

ADDRESS CITY STATE ZIP

PERSON TO WHOM IRS 1099 FORM IS TO BE MAILED

ADDRESS CITY STATE ZIP

GUARDIAN INFORMATION (if applicable)

Name: _____

Address: _____
(If different from minor)

Telephone Number: _____
(If different from minor)

- Funds will not be invested without the above information.
- Funds may only be withdrawn upon submission of a recently signed court order.
- Upon withdrawal of funds from investment account, an administrative fee equal to 10% of interest earned will be assessed. (Sec. 117.054 Local Government Code)

Return form to: Johnson County Clerk – Court Section
PO Box 662
Guinn Justice Center, Ste. 407
204 S. Buffalo Ave.
Cleburne, Texas 76033