

CAUSE NO. _____

VS.

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IN THE DISTRICT COURT OF

FORT BEND COUNTY, TEXAS

_____ JUDICIAL DISTRICT

**MOTION TO WITHDRAW FUNDS FOR HEALTH, EDUCATION, AND
SUPPORT OF MINOR CHILD/BENEFICIARY**

NAME OF MINOR CHILD/BENEFICIARY: _____

SOCIAL SECURITY NUMBER OF MINOR CHILD/BENEFICIARY: _____

COMES NOW _____, Applicant herein, and respectfully requests the Court to allow the withdrawal of invested funds on deposit in this cause of action for the use and benefit of the above-named Minor Child/Beneficiary. Applicant would show the Court that withdrawal of a portion of the funds currently in the Registry of the Court in this case is necessary for the following reasons:

PURPOSE OF EXPENDITURE	AMOUNT REQUESTED
TOTAL	\$

Applicant hereby certifies that withdrawal of such funds is in the best interest of the Minor Child/Beneficiary and that all funds withdrawn will be used for the purpose(s) set out above. If Applicant is the parent or legal guardian of said Minor Child/Beneficiary, Applicant further certifies that there are no other funds available to provide for such necessities.

It is therefore requested that this Court enter an order directing the District Clerk of Fort Bend County, Texas, to issue payment to Applicant for the sum requested to be used only for the health, education, and support of the Minor Child/Beneficiary, as specified above.

WHEREFORE, PREMISES CONSIDERED, Applicant prays that the relief requested herein be granted.

SUBMITTED on this _____ day of _____, 20_____.

_____	Pro Se	_____
(Applicant's Signature)		(Applicant's Social Security Number)
_____		_____
(Applicant's Printed Name)		(Area Code) (Telephone)
_____		_____
Address		City, State, Zip Code

On this day personally appeared the above Applicant who, after being duly sworn, stated that the information contained in the Application is true and correct.

SWORN TO SUBSCRIBED before me, the undersigned authority, by the above Applicant on this the _____ day of _____, 20_____.

Deputy District Clerk/Notary Public

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VS.

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IN THE DISTRICT COURT OF

FORT BEND COUNTY, TEXAS

_____ JUDICIAL DISTRICT

ORDER TO WITHDRAW FUNDS FOR HEALTH, EDUCATION, AND SUPPORT OF MINOR CHILD/BENEFICIARY

On this the _____ day of _____, 20 _____, came on to be heard the Motion of _____, Applicant, to withdraw certain funds from the Registry of the Court to provide for the health, education, and support of _____, (Name of Minor Child/Beneficiary). The Court having considered the evidence and the facts finds that such Motion should be granted. It is,

ORDERED that the District Clerk of Fort Bend County, Texas, issue payment to the Applicant, _____, the sum of \$ _____ to be used solely for the purposes set out on the Motion to Withdraw Funds for Health, Education and Support of Minor Child/Beneficiary.

SIGNED _____,

JUDGE PRESIDING