

ACKNOWLEDGMENT OF DEPOSIT  
OF RESTRICTED FUNDS

I HEREBY CERTIFY on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, that funds in the amount of

\_\_\_\_\_ (\$ \_\_\_\_\_) have been deposited into account number \_\_\_\_\_

and that said account is registered as follows:

\_\_\_\_\_, guardian for

\_\_\_\_\_, a minor,

**SUBJECT TO WITHDRAWAL ONLY BY ORDER OF THE CIRCUIT  
COURT FOR MONTGOMERY COUNTY, MARYLAND.**

Case ID Family Law No. \_\_\_\_\_

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Signature of Authorized Officer  
of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

**THIS FORM MUST BE RETURNED WITHIN 60 DAYS OF DATE OF APPOINTMENT TO:**

Trust Clerk  
Circuit Court for Montgomery County  
50 Maryland Avenue, Room 214  
Rockville, MD 20850