

ACKNOWLEDGMENT OF DEPOSIT  
OF RESTRICTED FUNDS

I HEREBY CERTIFY on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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, North Tower Room 2400  
Rockville, MD 20850