SHELBY COUNTY PROBATE COURT CLERK

CHECK REQUEST FORM

Docket # that is holding funds: _____

Docket # of order to disburse: _____

Date of this order: _____

Page _____ and paragraph _____ authorizes the Clerk to make disbursement.

Page _____ and paragraph _____ states whom the check is to issued to.

Page _____ and paragraph _____ states how much the check is to be for.

Does disbursement require supplemental documentation? Yes ( ) No ( )

If yes, please attach documentation to this request.

Check information

Amount:_____

(If this not a one-time disbursement, please describe the situation) Example: "$400 every month"

Pay to the order of: (Name) _____

(Address)   _____

_____

_____

Check shall be delivered to whom?_____

How should it be delivered? Pick-up( )Mail( ). If mail and different than above, write address on back.

Printed name of person signing for request._____

Signature_____   Date: _____

* Person requesting check must be an attorney / fiduciary involved with case, the payee, or the person funds are held for.

**All blanks should be filled in, No blanks are not applicable.