



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certifies that withdrawal of such funds is in the best interest of the Minor Child/Beneficiary and that all funds withdrawn will be used for the purpose(s) set out above.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 Bowie 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\_\_\_\_\_.

\_\_\_\_\_  
(Applicant's Signature) Pro Se

\_\_\_\_\_  
(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\_\_\_\_\_.

\_\_\_\_\_  
Notary Public