

**APPLICATION TO WITHDRAW FUNDS FROM  
THE BEXAR COUNTY COURT REGISTRY**

APPLICANT NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP

TELEPHONE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

IDENTIFICATION # \_\_\_\_\_  
(Driver's License number, State ID number, Government ID number)

EMAIL ADDRESS \_\_\_\_\_

I hereby request that the funds in Registry be released to me,

in person

or

mailed to my home at the address listed above

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

BEXAR COUNTY CLERK'S OFFICE – BOOKKEEPING DEPARTMENT  
PHONE: 210-335-2483  
MAILING ADDRESS: 100 DOLOROSA ST. 104, SAN ANTONIO, TEXAS 78205