

STATE OF MINNESOTA
COUNTY OF _____

DISTRICT COURT

JUDICIAL DISTRICT
PROBATE COURT DIVISION
Court File No. _____

In the Matter of:

**RECEIPT FOR DEPOSIT
OF RESTRICTED FUNDS
INTO PROTECTIVE ACCOUNT**

1. _____ (“**Financial Institution**”) acknowledges receipt of the sum of \$ _____ on behalf of _____ in this case.

2. **Financial Institution** acknowledges receipt of the Protective Order for deposit of funds into a protected account dated _____ in this case, and that the funds delivered remain subject to that order in the account specified below:

Name of Depository: _____

Branch Name: _____

Branch Address: _____

Account Number: (Place on separate form 11.1* or only include last 4 digits)

Date Account Opened: _____

Current Balance: \$ _____

3. This account is a federally insured, restricted account, and no withdrawal of either principal or interest shall be allowed by Financial Institution without a signed court order in this case.

Date: _____

Type or Print Name: _____

Signature: _____

Title: _____