

COUNTY COURT, SMITH COUNTY, TEXAS
1301.057 MANAGEMENT TRUST GENERAL INFORMATION SHEET

(please print all information)

Cause # _____ Gdn. _____ adult minor

Date Court ordered/approved 1301.057 Trust: ____/____/____

Name of Institution: _____

Physical address: _____
(street) (city) (state) (zip)

Mailing address: _____
(street) (city) (state) (zip)

Telephone Number: (____) _____ Fax Number: (____) _____

Email: _____

Federal Identification Number: _____

Name of Trust Officer administering this trust: _____

Mailing address of Trust Officer: _____
(street) (city) (state) (zip)

Work Hours: _____ Phone: (____) _____ Fax: (____) _____

Supervisor's Name & Title: _____

Mailing Address: _____
(street) (city) (state) (zip)

Work Hours: _____ Phone: (____) _____ Fax: (____) _____

Attorney's name: _____

Mailing Address: _____
(street) (city) (state) (zip)

Phone: (____) _____ Fax: (____) _____ SBN# _____

Email: _____

YOU MUST NOTIFY THE COURT, IN WRITING, OF ANY CHANGE OF ADDRESS

DATE: ____/____/____ TRUST OFFICER: _____

**THIS INFORMATION SHEET MUST BE COMPLETED IN ITS ENTIRETY BEFORE
THE ORDER CREATING THE TRUST IS APPROVED**

PRIOR TO COURT HEARING COMPLETE AND EMAIL THIS FORM TO:

lmcginnis@smith-county.com or dhenry@smith-county.com