



County Court, Smith County, Texas  
867 Management Trust General Information Sheet  
(Please print all information)

Cause #: \_\_\_\_\_ Gdn. of \_\_\_\_\_  Adult  Minor  
Date of Court Ordered / approved 867 Trust: \_\_\_/\_\_\_/\_\_\_

**Institution:**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

**Trust Officer Administering Trust:**

Name : \_\_\_\_\_

Mailing Address of Trust Officer: \_\_\_\_\_  
(street) (city) (state) (zip)

Work Hours: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Work Hours: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Attorney:**

Full Name: \_\_\_\_\_  
(last) (first) (middle) (maiden)

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

(information sheets are not filed in the Probate Records and are not Public Records)

Date: \_\_\_/\_\_\_/\_\_\_ Trust Officer: \_\_\_\_\_  
(signature)

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