



Circuit Court Clerk's Office  
1 Public Square, Suite 302  
Nashville, TN 37201

## ATTORNEY ESCROW ACCOUNT APPLICATION

This Application is made to the Circuit Court Clerk's Office, Davidson County, Tennessee for the purpose of providing Escrow Account services. The applying attorney is requesting the authorization to apply fees and/or costs to his/her pre-paid Escrow Account.

### Terms and Conditions:

- The Circuit Court Clerk's Office is hereby authorized to obtain any information the Clerk deems necessary for the approval of this Application.
- The Clerk will allow the use of the Escrow Account to charge filing fees, service fees, and copy costs up to the deposited amount. Withdrawals are only allowed to close the account. Any reimbursement shall be by check, payable to the name on the Application.
- The Applicant and/or authorized agent(s) grants the express use of the Escrow Account for the authorized users listed on this Application.
- It is the responsibility of the firm, or authorized agent, to notify the Circuit Court Clerk's Office of any changes regarding authorized users of this account.
- Any changes to the Escrow Account require an authorized agent to submit an *Escrow Account Change Form* to the Circuit Court Clerk's Office.
- Inactive accounts will be closed after a year of non-use and the balance of the account will be refunded to the address on file.
- A MINIMUM DEPOSIT OF \$500.00 in the form of CASH, CHECK or MONEY ORDER IS REQUIRED TO OPEN YOUR ACCOUNT.

<b>Attorney Name:</b>		<b>BPR #</b>
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**Mailing address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Telephone No(s):** \_\_\_\_\_

**Initial Deposit:** \$ \_\_\_\_\_

I hereby certify the statements contained herein are true and correct to the best of my knowledge.

<b>Attorney:</b>	
<b>Date:</b> _____	<b>By:</b> _____
	<b>Print Name:</b> _____
	<b>Title:</b> _____

<b>Approved by:</b>	
<b>Date:</b> _____	_____
	<b>JOSEPH P. DAY, Circuit Court Clerk</b>