

**ESCROW SERVICES INFORMATION SHEET**

**Originating Attorney:** \_\_\_\_\_

Check here if Attorney is currently in receipt of the escrow funds

**Attorney Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**PARTIES TO THE AGREEMENT**

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

**Address:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**AMOUNT TO BE HELD IN ESCROW: \$** \_\_\_\_\_

**REASON FOR ESCROW:**

Real Estate Transaction       Litigation       Asset Acquisition       Collateral

Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS/RESTRICTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

*Please fill in all necessary information and fax to (860) 513-3132.*