



**CASH
BAIL**

CASH BAIL REFUND CHANGE OF ADDRESS NOTICE

Mail to: NYC Department of Finance, Treasury/Court Assets Unit, 66 John Street, 12th Floor, New York, NY 10038

Instructions: This form must be completed by the person that paid the Cash Bail (i.e. the Surety). Complete, notarize, and submit this form along **with** a valid government picture ID such as a driver's license, passport, or benefit card. If you do not have a valid government issued ID you will need to provide copies of **two (2) forms of ID** to verify your identity. At least one ID must have a photo and signature such as an employment or school ID. Other types of acceptable identification include a utility bill issued within 60 days, an ATM/Bank Card, or Social Security Card. For additional information visit our Cash Bail/Court & Trust Section at www.nyc.gov/finance or contact us at 212-908-7619 or visit us at nyc.gov/contactcashbail.

SECTION I - APPLICANT INFORMATION

Print the name of surety/assignee who posted cash in lieu of criminal bail and write the new mailing address where the refund should be sent.

1. Name: _____
PRINT LAST NAME OF SURETY PRINT FIRST NAME OF SURETY

2. Former Address: _____ Apt. #: _____
(As it appears on the bail receipt) NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

3. New Address: _____ Apt. #: _____
(Where bail refund should be mailed) NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

4. Phone Number: _____ 5. Email Address: _____

SECTION II - DEFENDANT INFORMATION

1. Print the name of the defendant: _____
LAST NAME FIRST NAME

2. Print the Docket, Indictment and/or Treasury Receipt Numbers below:

a) DOCKET/INDICTMENT # _____ b) TREASURY RECEIPT # _____

SECTION III - CERTIFICATION

I certify that I am the above named Surety/Assignee. I authorize the change of my address as indicated above. I understand that any future communications and or refunds will be sent to the new address provided. Further, I understand that the Department of Finance is not liable for any incorrect information provided above that may result in the misuse of my refund. I hereby acknowledge that the information provided above is true and correct to the best of my knowledge.

 Signature of Surety

Sworn to before me

on _____, 20____

 Notary Public/Commissioner of Deeds

Notary
Affix
Stamp
Here

FOR OFFICIAL USE ONLY

 Court Assets Member Approval and Date

 Supervisor Approval and Date