



**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](http://www.nyc.gov/finance) or contact us at 212-908-7619 or visit us at [nyc.gov/contactcashbail](http://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