



**CASH
BAIL**

STOP PAYMENT AFFIDAVIT

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

Instructions: Use this affidavit to request a stop payment on a check and a replacement check. 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

Indicate the name and address of the payee requesting a stop payment.

1. Name of Surety/Payee: _____
PRINT LAST NAME OF SURETY PRINT FIRST NAME OF SURETY

2. Current Address: _____ Apt. #: _____
NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

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

SECTION II - BAIL 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 payee and I did not receive the check indicated and request the Department of Finance to stop payment on said check and issue a new check. I hereby acknowledge that the information provided is true and correct to the best of my knowledge.

Signature of Surety

Sworn to before me

on _____, 20_____

Notary
Affix
Stamp
Here

Notary Public/Commissioner of Deeds

FOR OFFICIAL USE ONLY

Amount of Check: \$ _____ Check Number: _____ Approximate Date Check Was Mailed: _____

Check "mailed to" Address: _____

Court Assets Member Approval and Date

Supervisor Approval and Date