



**CASH  
BAIL**

# SIGNATURE VERIFICATION FORM

Mail to: NYC Department of Finance, Client Services, 66 John Street, 12th Floor, New York, NY 10038

**Instructions:** The Cash Bail Unit has received a bail refund order in the below-referenced action. Payment cannot be made until the payee's signature is verified, therefore the payee is requested to complete and sign this application. A disinterested notary must notarize all signatures. A certificate of authenticity is required for notaries outside the State of New York. Submit completed application to the address above. Two forms of ID are required. Some acceptable forms of identification are a valid NYS or out-of-state drivers license or non-driver ID, US passport, ATM bank/credit card, voter's registration card, employment ID, a NYC library card, or utility bill. One form of identification must contain a photo. Birth certificates and Social Security cards are not acceptable. Do not mail original forms of ID. For further information call, 212-487-3046 or 212-487-3050.

## SECTION I - TO BE COMPLETED BY CASH BAIL UNIT

### BAIL INFORMATION

- Name of defendant in the case of People vs.: \_\_\_\_\_  
LAST NAME FIRST NAME
- Docket or Indictment #: \_\_\_\_\_ Treasury Receipt #: \_\_\_\_\_
- Refund order received from Court: \_\_\_\_\_ County: \_\_\_\_\_
- Payee named in refund order: \_\_\_\_\_  
LAST NAME FIRST NAME

## SECTION II - TO BE COMPLETED BY PAYEE

### PAYEE SIGNATURE CERTIFICATION

\_\_\_\_\_  
SIGNATURE OF PAYEE PRINT FIRST NAME PRINT LAST NAME

Payee Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
NUMBER AND STREET

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sworn to before me:

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned personally

appeared \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ personally known to me, or proved to me on the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary  
Affix  
Stamp  
Here

\_\_\_\_\_  
Notary Signature

## FOR OFFICIAL USE ONLY

\_\_\_\_\_  
Customer Representative's Initials and Date Supervisor's Initials and Date