NYC Finance

CASH BAIL

NYC DEPARTMENT OF FINANCE ● TREASURY DIVISION

LOST BAIL RECEIPT AFFIDAVIT

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

Instructions: This affidavit must be notarized after all sections have been completed. Submit the completed application to the address above, along with two forms of identification. 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 - BAIL INFORMATION

1. Name of defendant in the case of People of the State of New York vs: _____ (PRINT LAST NAME OF DEFENDANT) _____ (PRINT FIRST NAME OF DEFENDANT)

2. Print the docket, indictment or treasury receipt number: _____ (DOCKET #) _____ (INDICTMENT #) _____ (TREASURY RECEIPT #)

3. Print the amount of cash posted in the action, (Listed in item # 1): $ _____

SECTION II - SURETY INFORMATION

1. Surety Name: _____ (PRINT LAST NAME OF SURETY) _____ (PRINT FIRST NAME OF SURETY)

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

City: _____ State: _____ Zip Code: _____

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

SECTION III - CERTIFICATION

I certify that I am the above named surety who paid the bail and received an original receipt for the above action. I am entitled to a refund of the bail (less 3%, if applicable, as provided by Section 99-m of the New York State General Municipal Law). However, the original bail receipt was lost/stolen. 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

_____ Customer Representative's Initials and Date

_____ Supervisor's Initials and Date