

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 <u>www.nyc.gov/finance</u> or contact us at 212-908-7619 or visit us at <u>nyc.gov/contactcashbail</u>.

SECTION I - APPLICANT INFORMATION

Indicate the name and address of the payee requesting a stop payment.				
1. Name of Surety/Payee:	T LAST NAME OF SURETY		PRINT F	IRST NAME OF SURETY
2. Current Address:				Apt. #:
2. Current Address: Apt. #:				
City:		Stat	te:	_ Zip Code:
3. Phone Number:	4. E	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 on said check and issue a new check. I hereby				
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: \$ Che	eck Number:	Approxi	mate Date Che	ck Was Mailed:
Check "mailed to" Address:				
Court Assets Member Approval and Date		Supervisor Approval and Date		
Visit Finance at nyc.gov/finance				StopPay 12.11.2015