



**CASH
BAIL**

STOP PAYMENT AFFIDAVIT

Mail to: NYC Department of Finance, Client Services, 1 Centre Street, Room 2200, New York, NY 10007

Instructions: Use this affidavit to request a stop payment on a check and to request a replacement check. This affidavit must be notarized after all sections have been completed. Submit the completed application to the address above, along with a copy of the original bail receipt. If it is not available, a *Lost Bail Receipt Affidavit* must be completed and submitted. Two forms of identification are also 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 212-669-2879 or 212-669-2880.

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. Name of defendant in the case of People of the State of New York vs: _____
LAST NAME FIRST NAME

2. Indicate the docket, indictment or treasury receipt number: _____
DOCKET # INDICTMENT # 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: _____

Customer Representative's Initials and Date

Supervisor's Initials and Date