

Wichita Municipal Court
Court Clerk's Office
455 N Main 2nd Floor
Wichita, Ks 67202-1667
Phone 316-268-4611
Fax 316-268-4249

CASH BOND REFUND FORM

Customer must provide:

PHOTO I.D. that matches the name on the receipt.
Expired ID's will not be accepted

Court case # _____

Defendants name _____ Date _____

If you are not the defendant-

Would you like to pay the outstanding fines and costs on the **defendant's** case(s) from the cash bond that you have posted?

Yes No

<u>FOR OFFICE USE ONLY</u>	
DOCUMENT # _____	
DUE DATE _____	
SCANNED _____	
Bond Posted \$ _____	
Amount Reclassified \$ _____	
Amount Refunded \$ _____	
<hr/>	
<input type="checkbox"/> EJS shows all charges having a disposition & the appearance for bond is HELD	
<input type="checkbox"/> Record sheet entry <Cash Bond Refund Request>	
<input type="checkbox"/> Photo ID copied & attached	
<input type="checkbox"/> Provide a list of case balances to customer requesting refund	
PENDING CASES NEED TO BE ADDRESSED IF POSSIBLE	
<hr/>	
Specialist Signature _____	

Customer fill out information below- Please print legibly:

Name: _____

Current address: _____ Apt # _____

City, State, Zip: _____

Telephone: Area Code _____ _____

Signature: _____

- **Bond refunds cannot be issued at the counter**
- **A check will be mailed within 6-8 weeks of the refund being processed**
- **Outstanding balances owed by the payee will be deducted from the refund**