

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

FOR OFFICE USE ONLY

DOCUMENT # _____

DUE DATE _____

SCANNED _____

Bond Posted \$ _____

Amount
Reclassified \$ _____

Amount
Refunded \$ _____

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 _____

- EJS shows all charges having a disposition & the appearance is held
- Record sheet entry <Cash Bond Refund Request>
- Photo ID copied & attached

Specialist Signature

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

Customer fill out information below:

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**