

Lee County Clerk of Court

Cash Bond Claim Form

Date: _____ Depositor Phone Number: _____

Depositor Name: _____

Depositor Address: _____

Defendant Name: _____

Amount of Claim: _____ Bond Receipt Number: _____

I swear and affirm that I am the rightful claimant to said cash bond.

Depositor Signature

Date of Claim

The above personally appeared before me, identified him or herself and produced _____ as identification or is personally known to me and signed this Affidavit of Certification in my presence on this _____ day of _____ 20____.

State of _____

County of _____

My Commission expires _____

Commission Number _____

Signature of Notary Public

Notary's Name, Printed, Stamped or Typed

NOTARY SEAL/STAMP