

# 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