TO THE OFFICE OF
JAMES STAINTON
271ST DISTRICT ATTORNEY
WISE COUNTY

REQUEST TO RETURN BOND FEE

This form must be completely filled out by the bonding company and signed as directed. Once it is completed and signed by the bonding company, it will then be approved by the District Attorney's office and forwarded to the Wise County Treasurer

DEFENDANT'S NAME:	**DOB:**
ARRESTING AGENCY:	**ARREST DATE:**
DATE OF OFFENSE:	**OFFENSE:**
BOND #:	**AMOUNT TO BE REFUNDED:** **$15.00**
CASE NO.(if filed):	_____**REFUSED** _____**DISMISSED**
NAME/ADDRESS OF BONDING CO.	**DATE BONDED:**

I, _____, hereby declare that I, the undersigned, am an
(Please print name)

agent of _____ and am authorized to sign this form and

receive any refund due this Bonding Company.

_____ _____

Date Signature of Authorized Agent

Approved by State's Attorney:

_____ _____

Date State's Attorney

Revised 7/19/12