

CECTION I CURETY/TRANCEER INFORMATION

BAIL ASSIGNMENT APPLICATION

Mail to: NYC Department of Finance, Treasury/Court Assets Unit, 66 John Street, 12th Floor, New York, NY 10038

Instructions: This form must be completed by the person that paid the Cash Bail (i.e. the Surety). Complete, notarize, and submit this form along **with** a valid government picture ID such as a driver's license, passport, or benefit card. If you do not have a valid government issued ID you will need to provide copies of **two (2) forms of ID** to verify your identity. At least one ID must have a photo and signature such as an employment or school ID. Other types of acceptable identification include a utility bill issued within 60 days, an ATM/Bank Card, or Social Security Card. For additional information visit our Cash Bail/Court & Trust Section at www.nyc.gov/finance or contact us at 212-908-7619 or visit us at nyc.gov/contactcashbail.

| SECTION 1 - SUREIT/IRANSFER INFORMATION | |
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| A. Surety Information - (Information regarding the person who pair | d the bail and signed the receipt) |
| | |
| 1. Name: | |
| 1. Name: | PRINT FIRST NAME OF SURETY |
| 2. Current Address: | Apt. #: |
| NUMBER AND STRE | ET |
| City: | State: Zip Code: |
| | · |
| 3. Surety's Phone Number | Email Address: |
| | |
| 4 Defendant's Name: | |
| 4. Defendant's Name: | FIRST NAME |
| 5. Print Cash Bail amount you paid in this case: \$ | |
| | |
| Print the Docket and/or Treasury Receipt number: | |
| a) DOCKET/INDICTMENT # | b) TREASURY RECEIPT (TR) NUMBER |
| B. Transfer Information | |
| 1. Print the name of the person or business entity you assign, set ar | nd transfer your rights, title and interest in this matter to: |
| 1. This the fame of the person of business sharp you accign, set at | id transfer your righte, the and interest in the matter to. |
| PRINT LAST NAME OF ASSIGNEE | PRINT FIRST NAME OF ASSIGNEE |
| FRINT LAST NAME OF ASSIGNEE | PRINT FIRST NAME OF ASSIGNEE |
| PRINT NAME OF BUSINESS OR CORPORATION | |
| | |
| 2. Assignee's Mailing Address: | Αρι. # STREET |
| City: | State: 7in Code: |
| Oity. | State Zip Gode |
| 3. Print the amount of Cash Bail you are now assigning: \$ | |
| | |
| 4. Assignee's Phone Number: 5. | Email Address: |
| | |
| SECTION II - CERTIFICATION | |
| I certify that I am the above named surety and authorize this assignment. I hereby acknowledge that the information provided is true | |
| and correct to the best of my knowledge. | |
| | |
| Signature of Surety | |
| • | |
| Sworn to before me | |
| on | Notary |
| | Affix |
| | Stamp |
| Notary Public/Commissioner of Deeds | Here |
| FOR OFFICIAL USE ONLY | |
| | |
| | |
| Court Assets Member Approval and Date | Supervisor Approval and Date |