

**TO THE OFFICE OF
COUNTY 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