

## CASH BOND REFUND REQUEST FORM

Fax

772-462-6868

CENTRAL CASHIERING DEPARTMENT
201 S. Indian River Dr., 2nd Floor, Fort Pierce, FL 349:

 $201\,$  S. Indian River Dr.,  $2^{nd}$  Floor, Fort Pierce, FL 34950 772-462-6950

This form is intended for the bond issuer to receive refunds from the court.

**FORM SUBMISSION OPTIONS:** 

Clerk of the Circuit Court, St. Lucie County

Mail

P.O. Box 700

Fort Pierce, FL 34954

Bond money is refunded after the final disposition of the case or by order of the Judge.

All unpaid court fees, courts costs, and criminal penalties, including additional cases associated to the defendant, are deducted prior to refund, pursuant to Florida Statute 903.286.

The depositor must complete and submit this form with state-issued photo identification. If approved, the balance will be refunded and mailed to the address provided within 10 days.

In person

Clerk of the Circuit Court, St. Lucie

County 201 South Indian River Drive

2<sup>nd</sup> floor, Central Cashiering

Fort Pierce, FL 34950					
DEPOSITOR INFORMATION / PLEASE PRINT CLEARLY					
			Last Nas		
First Name	Middle Name L		Last Nam	Last Name	
Street Address	•		•	Apt/Suite	
City		State		Zip	
•				-	
Case Number					
Bond Number					
Driver License Number (last four digits)					
	Sig	gnature			