



**HAMILTON COUNTY MUNICIPAL COURT**  
**CRIMINAL AND TRAFFIC DIVISION**  
**Bond Refund Change of Refund Method or Address**

CASE # (s) \_\_\_\_\_  
\_\_\_\_\_

**Bond Refund Information**  
(MUST BE COMPLETED)

I **DO NOT** want my bond refund to be automatically mailed to me upon completion of all of the cases listed on the bond receipt. I will be notified by email when the refund is ready for pickup.

I authorize the Hamilton County Clerk of Courts to notify me by text message and/or email notification when my refund check is ready for pickup.

- If a valid email address/cell phone number is not provided, the check will be ready for pickup 15 business days after all the cases on the receipt are completed.

I want my bond refund to be automatically mailed to me upon completion of all of the cases listed on the bond receipt.

**Mailing address for refund address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that my bond refund check will be mailed to the above listed address. All cases on the bond receipt must be completed in order for the refund to be processed. All refund checks will be mailed within 15 business days from the completion of all cases.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

**\*\*\*A copy of the surety's ID MUST accompany this form**