



MUNICIPAL COURT FOR THE CITY OF Cleveland
COUNTY OF White, STATE OF GEORGIA
 85 South Main Street Cleveland, GA 30528
 PHONE: (706) 865-0058 ~ FAX: (706) 219-3220

Cash Bond Return Form

Surety/Bondsperson: _____

Defendant: _____

Arrest Date: _____ Bond Date: _____

Court Date: _____

Total Bond Paid \$ _____

As the Surety listed above and on all bonding paperwork, I wish for the Court to handle the above listed bond as marked below.

Please check one of the boxes below:

Return Bond In Full Use \$ _____ of Bond for Fine and Return Balance

Return Bond To: _____
 Name as how the check should be made out:

Mailing Address: _____

St./ Rd./P.O. Box

City

State

Zip Code

Use Bond In Full for Fine

Surety Signature: _____ Must sign in the presence of a Notary

Date: _____

Sworn to and subscribed before me this the ____ day of ____, 20__

Notary Public Signature

NOTARY SEAL



NOTARY SEAL