

**Release of Bond Assessment Fee form**  
**Government Code section 41.258(f)**

*Please attach documentation to this completed form in order to receive refund eligibility.  
 (One form per defendant)*

License No. \_\_\_\_\_ Surety/Company Name \_\_\_\_\_

Email address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Defendant's Name \_\_\_\_\_ **Bond No.** \_\_\_\_\_

Amount to be removed \$ 15.00

Dated posted \_\_\_\_\_

Offense \_\_\_\_\_ Circle one: Misdemeanor / Felony

Remove from liability for the following reason

<input type="checkbox"/>	Refused by District Attorney	Date state declines to prosecute _____
<input type="checkbox"/>	No Bill	<i>"...entitled to a refund of cost not later than the 181<sup>st</sup> day after the date the state declines to prosecute an individual or the grand jury declines to indict an individual."</i>
<input type="checkbox"/>	Statute of Limitations	
<input type="checkbox"/>	Other (write explanation below)	

**Bond No.** \_\_\_\_\_

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<input type="checkbox"/>	Other (write explanation below)	

\_\_\_\_\_  
 Surety Signature

County Clerk date received \_\_\_\_\_

\_\_\_\_\_  
 County Clerk check number \_\_\_\_\_

**Month and Year paid or receipt number**