



The Court of Common Pleas of Bucks County
OFFICE OF THE CLERK OF COURTS
BUCKS COUNTY JUSTICE CENTER

100 North Main Street
Doylestown, Pennsylvania 18901
Phone: (215) 348-6389

Mary K. Smithson
Clerk of Courts

STOP PAYMENT FORM

Case/Docket Number: _____ Defendants Name: _____

Surety Name: _____ Victim Name: _____

I hereby request that the Clerk of Courts place a stop payment on check # _____
In the amount of \$ _____.

**I understand that there is a \$32.00 fee that will be deducted from my refund and I
authorize the Clerk of Courts to process my request.**

Initial here _____

New Address:

Street: _____

City, State Zip: _____

Phone Number: _____

Signature of Person requesting change: _____

Date: _____