



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: \_\_\_\_\_

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

**I understand that there is a \$31.00 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: \_\_\_\_\_

Signature of Person requesting change: \_\_\_\_\_

Date: \_\_\_\_\_