

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT  
KANE COUNTY, ILLINOIS**

Case No. \_\_\_\_\_

<b>PEOPLE OF THE STATE OF ILLINOIS</b>	
DEFENDANT: Name: _____ Address: _____ City, State, Zip: _____	File Stamp

**PETITION REQUESTING REFUND OF BAIL TO ATTORNEY OF RECORD**

**DEFENDANT RELEASE**

I have performed all the conditions of the attached Bail Bond and I hereby waive all claim, title and interest in the said Bail Bond deposit. I respectfully request that whatever refund is due be paid to

\_\_\_\_\_  
\_\_\_\_\_  
the Attorney of Record or his/her Firm for payment of legal services rendered.

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

**SURETY RELEASE**

(Required when Bail Bond form indicates third party posted bail)

I hereby waive all claim title and interest in the said Bail Bond Deposit

\_\_\_\_\_  
NAME OF THIRD PARTY SURETY  
As recorded on Bail Bond

\_\_\_\_\_  
SIGNATURE OF THIRD PARTY SURETY

**ORDER**

The defendant/surety, herein, appearing in open court and having executed the above Petition;

- I hereby order that the Bail Bond less 10% fees, if applicable, is to be applied to fines and/or costs owed by the defendant in this case. Any remaining balance shall be refunded to the Attorney/Firm named herein.
- I hereby order that the Bail Bond less 10% fees, if applicable, is to be refunded to the Attorney/Firm named herein. Fines and/or costs due are to be paid by the defendant as prescribed in the sentencing.
- Other \_\_\_\_\_

Refund to be paid to: Attorney or Firm Name <u>Connolly Law Office, P.C.</u> _____ ARDC/Firm No. <u>6277285</u> Address <u>115 West 55th Street, Suite 400</u> City, State, Zip <u>Clarendon Hills, IL 60514</u> Phone <u>630-986-8090</u>
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Entered: \_\_\_\_\_  
Judge

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