



ABILENE MUNICIPAL COURT
419 N. Broadway, P.O. Box 519
Abilene, KS 67410
Phone: (785) 263-1213
Fax: (785) 263-1523
E-mail: court@apdks.org

Douglas G. Thompson
Municipal Judge

CITY OF ABILENE

Case Number(s) _____

VS

Last Name, First Name

I hereby authorize the Abilene Municipal Court to apply the Cash Bond(s) posted on _____
(Date)
in the amount(s) of \$_____ to the costs and fines owing said court.

Date

Defendant's Signature

State of Kansas)
County of _____)

Signed or attested before me on _____ by _____.

[SEAL]

Notary Public