



BAIL BONDS

(352)-658-0405



1005 NW 19th Ave - Chiefland, Florida 32626

BAIL BOND INFORMATION SHEET

BOND DEFENDANT:

POWER OF ATTORNEY NUMBERS(S):

AS PRINCIPAL (DEFENDANT) AND/OR INDEMNITOR (GUARANTOR) ON A BAIL BOND, YOU MUST BE GIVEN A COPY OF ANY COLLATERAL DOCUMENTS THAT YOU SIGN RELATION TO THE ABOVE BOND(S).

WHEN ALL AGREEMENTS HAVE BEEN FULFILLED AND BOND IS DISCHARGED IN WRITTING BY THE COURT, AND WITHOUT LOSS EXPENSE ON THE BOND(S), YOUR COLLATERAL WILL BE RETURNED TO YOU.

WARNING: YOUR COLLATERAL IS AT RISK IF THE PRINCIPAL FAILS TO APPEAR IN COURT OR IF THE PRINCIPAL COMMITS ANY BREACH (VIOLATION) OF AGREEMENT.

ANY OF THE FOLLOWING IS CONSIDERED A BREACH OF AGREEMENT:

1. If principal fails to appear in court;
2. If principal departs the jurisdiction of the court without written consent of the court and the Surety;
3. If principal shall move from one address to another without notifying the Surety, in writing, prior to said move;
4. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of the bond(s);
5. If principal is arrested and incarcerated for any offence other than a minor traffic violation;
6. If principal shall make any material false statement in the application;
7. If principal shall violate any special restriction or condition of the bond(s) imposed by the court.

FOR GENERAL INFORMATION REGARDING YOUR COLLATERAL, CONTACT THE AGENT AS SHOWN ON THE TOP OF THIS SHEET. FOR FURTHER INQUIRY/COMPLAINT, CONTACT

**Bail Bond Administrator
 Florida Insurance Dept.
 200 East Gaines Street
 Tallahassee, FL 32399-0300 Phone: 850-413-3136**

PRINCIPAL/INDEMNITOR ACKNOWLEDGMENT

I/WE HAVE RECEIVED A COPY OF THIS INFORMATION SHEET. I/WE HAVE RECEIVED A COPY OF ALL COLLATERAL DOCUMENTS THAT I/WE HAVE SIGNED REGARDING THE ABOVE BOND(S).

SIGN: _____

SIGN: _____

SIGNED ORIGINAL TO AGENT'S BOND FILE.

COPY TO DEFENDANT AND EACH INDEMNITOR

SIGN: _____



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DEFENDANT BOND QUESTIONNAIRE

Please answer questions as best you can. If not sure of the answer then leave the field blank.

BOND AMOUNT \$ _____ PERSON YOU SPOKE WITH AT OUR OFFICE _____

DEFENDANT'S NAME _____ DOB _____

SS# _____ DRIVERS LICENSE # _____ STATE _____

ANY PRIOR ARRESTS? _____ IF YES: YEAR _____ CITY & STATE _____

REASON/CHARGES? _____ CASE STILL OPEN? _____ DATE CLOSED _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____ CELL _____

PLACE OF BIRTH _____ U.S CITIZEN _____ U.S. LEGAL RESIDENT _____

OCCUPATION _____ EMPLOYED BY _____

EMPLOYER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPOUSE'S NAME _____ DOB _____

SS# _____ DRIVERS LICENSE # _____ STATE _____

OCCUPATION _____ EMPLOYED BY _____

REFERENCE FULL NAME	RELATIONSHIP	ADDRESS	PHONE

SUBMITTED BY: SIGN: _____ DATE _____ PH# _____



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FAX CREDIT CARD AUTHORIZATION FORM

DEFENDANT'S NAME _____ DOB _____

BOND AMOUNT \$ _____ NAME OF CARD HOLDER _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____ CELL _____

CREDIT CARD # _____ EXP. DATE _____ CVV # _____

** The CVV is a 3 or 4 digit code embossed or imprinted on the reverse side of Visa, MasterCard and Discover cards and on the front of American Express cards.

AMOUNT OF CHARGE _____ \$
(IN WRITTEN WORDS LIKE A CHECK.)

I hereby authorize the charging(s) of my credit card as indicated.

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligations as an indemnitor for this bail bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered original.

NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed. an additional \$150,00 application fee may be applied for any cancellation. Premium is fully earned upon the posting of the bond(s) with the jail or court.

I HAVE READ AND AGREE TO ALL OF THE ABOVE.

CARD HOLDER'S PRINTED NAME: _____

CARD HOLDER'S SIGNATURE: _____ DATE _____



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PRIVACY DISCLOSURE

TO PROTECT YOUR PRIVACY INTERESTS, YOU ARE ADVISED OF THE FOLLOWING:

- WE MAY GATHER INFORMATION FROM YOU NECESSARY TO CONDUCT OUR BUSINESS WITH YOU, OR THOSE RELATED IN THE IMMEDIATE TRANSACTION.
- WE WILL NOT DISCLOSE SUCH GATHERED INFORMATION EXCEPT AS ALLOWED BY LAW.
- OF COURSE, YOU HAVE THE RIGHT TO REFUSE THE NECESSARY INFORMATION GATHERING BY SIMPLY DECIDING NOT TO GO FORWARD WITH THE TRANSACTION.
- OTHER THAN THE EXPLAINED ABOVE, WE WILL EXERCISE REASONABLE CARE TO KEEP YOUR INFORMATION SECURE.
- THIS NOTICE IS REGARDING:

DEFENDANT: _____

BOND AMOUNT: _____

CASE NUMBER: _____

POWER NUMBER: _____

YOUR SIGNATURE ACKNOWLEDGES YOUR BEING ADVISED OF YOUR PRIVACY RIGHTS, AND THAT YOU HAVE RECEIVED THIS NOTICE.

PRINTED NAME: _____

SIGNATURE: _____ DATE _____