

Reference: Defendant \_\_\_\_\_

Social Security No. \_\_\_\_\_

Relationship \_\_\_\_\_

**SURETY BOND APPLICATION AND CONTRACT FOR COURT APPEARANCE**

**TERMS AND CONDITIONS FOR DEFENDANT AND EACH AND ALL INDEMNITORS**

The premium paid for this surety bail bond is non-refundable regardless if charges are dismissed or the bail is reduced, or canceled. Should the cases, connected with this bond, remain open 12 months from today's date, a renewal premium is due surety agency, providing state law allows.

This Contract shall be construed and enforced under the laws of the State of \_\_\_\_\_.

By my true and accurate application attached and signature hereunder, I/We acknowledge understanding of, and obligation for all Contract responsibilities, terms and conditions, including the provisions entitled Promise for Court Appearances, Promise to Pay and Consumer Authorization to Release Information.

**Promise for Court Appearances:** In accordance with the terms and conditions of this Surety Bond Application and Contract For Court Appearance I/We promise that the Defendant shall appear at each and every Court required appearance, in the correct Court location at the time designated, until case(s) conclusion and bond(s) exoneration.

**Promise to Pay:** In accordance with the terms and conditions of this Surety Bond Application and Contract For Court Appearance I/We promise to pay the full amount of the bond(s) plus costs and expenses if the Defendant fails to appear as required by the Court(s).

**Consumer Authorization to Release Information:** I/We hereby authorize all current and previous employers, labor unions, landlords, neighbors, co-inhabitants, merchants, credit reporting companies, banks, credit unions, mortgage, title, finance, private investigative, computer or credit card companies, physicians, hospitals, clinics, schools, universities, churches, utility or telephone companies (specifically for lists of incoming and outgoing telephone calls, phone numbers, names and addresses) and all governmental agencies, employment, military, natural resources, motor vehicle, law enforcement and judicial agencies, courts and detention facilities at the Federal, State, County/Parish, City and/or Township levels and any other persons or organizations having information, documents or photographs concerning me/our and/or my immediate family with regard to credit history, property or vehicle ownership, medical, employment, health, arrest, conviction, detention or arrest records to release information about me/our and/or my immediate family to Universal Fire & Casualty Insurance Company and its assigns and/or duly authorized representatives. I/We hereby give specific permission for release of information, documents or photographs in connection with, or contained in N.C.I.C., C.C.H., L.E.I.N. and D.M.V. records. By my/our signature(s) below, I/We hereby waive my/our rights under the Privacy Act and authorize the use of copies of this document by Universal Fire & Casualty Insurance Company and its assigns and/or duly authorized representatives.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

Agent Witness \_\_\_\_\_

Defendant \_\_\_\_\_

Indemnitor \_\_\_\_\_

Indemnitor \_\_\_\_\_

Indemnitor \_\_\_\_\_

Indemnitor \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_

known to me to be the persons described in and

who executed the foregoing instrument and who acknowledged the same.

Commission Expiration \_\_\_\_\_

Notary Public \_\_\_\_\_