MARYLAND BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES **RECEIPT NO.:_____**

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. Date Payment Made _____
2. Amount Received _____ Dollars ($_____)
3. In the form of ☐cash ☐check ☐ money order ☐credit card ☐ other _____
4. Payer's Name _____ _____ _____
   First Middle Last
5. Payer's Address _____ _____ _____ _____
   Street City State Zip
6. In connection with a Bail Bond(s) for Defendant _____ _____ _____
   First Middle Last
7. Bail Bond Amount(s) _____ Power Nos. (if known) _____
8. Court Name _____
9. Bail Bond Premium $_____
10. Amount Paid $_____
11. Balance Due $_____
12. Was collateral taken? ☐ Yes ☐ No If yes, collateral receipt # _____

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

PAID BY:

_____
Payer Signature

_____
Payer Name (PRINTED)

RECEIVED BY:

_____
Bail Producer Signature

_____
Bail Producer Name (PRINTED)

_____
Bail Producer License No.

THIS FORM IS FOR USE IN MARYLAND ONLY

Surety:	Bail Producer Firm: [must include name, address, phone no., and license no.]
Universal Fire & Casualty Insurance Company 3214 Chicago Dr Hudsonville, MI 49426 Phone (800) 874-8742	

White – Producer Copy • Yellow – Payer Copy

MD - Bail Form No. 3 NCR
Revised 3/1/16

THE PERSON PAYING THE PREMIUM MUST RECEIVE A COPY OF THIS RECEIPT AT THE TIME OF MAKING PAYMENT