

STATEMENT FOR BAIL SURETY CHECKLIST

Indemnitor Defendant

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| _____ | _____ | 1. I understand that it is my responsibility to have the Defendant report to our office to complete his/her Defendant paperwork no later than ____/____/20____. FAILURE TO DO SO IS A DIRECT VIOLATION OF THE BOND CONDITIONS AND MAY RESULT IN THE REVOCATION OF THE BOND(S). |
| _____ | _____ | 2. I am affirming that all of the information that I am providing to the bail agency is true and correct. Any information found to be incorrect is a direct violation of this bail agreement and may result in a revocation of the bond. Any person who, knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or missing information is guilty of a felony in the third degree. |
| _____ | _____ | 3. I understand that I am responsible for paying the full amount of the bail bond(s) posted if the Defendant does not appear in court for every appearance, and any other time as directed by the Court, until the Defendant is sentenced or the Court dismisses the case. It is my responsibility to stay in touch with the Court and have the Defendant appear at all scheduled court dates. |
| _____ | _____ | 4. I understand that the Court will enter a forfeiture of bail, and issue a warrant for the Defendant, if the Defendant fails to make any court appearance. I understand that if the bond is ordered forfeited and it is not ordered reinstated, or exonerated, that I must pay the full amount of the bail forfeited to the bail agency. |
| _____ | _____ | 5. I understand that if a bail is ordered forfeited by the Court, that I am responsible to pay court costs, reasonable appearance fees by the bail agency or its attorney, or any other fees arising from the ordered forfeiture for the bail agency to reinstate or exonerate the bail bond, if necessary. |
| _____ | _____ | 6. I understand that I am responsible for paying investigation, location and apprehension time if it becomes necessary to arrest and surrender the Defendant. Investigation costs will begin to accrue after a court forfeiture, or when any co-signer requests the Defendant be placed back in custody, or if any condition of the bond is violated. |
| _____ | _____ | 7. I understand that if I breach the bail bond agreement by non-payment or any other action as defined by the bail agreement, I am responsible for any collection actions taken including, but not limited to, attorney fees and costs, court fees and costs, collection fees and costs. |
| _____ | _____ | 8. I understand it is a direct violation of the bond agreement to <u>move, change my telephone number or my employment</u> without notifying the bail agency in writing prior to the move or change. Should the bail agency attempt to contact me and find that the phone numbers provided are either changed or disconnected, or that the addresses provided are not valid, this will result in the Defendant being returned to jail and having the bond surrendered. I am responsible for any fees that arise from the revocation of the bond. |
| _____ | _____ | 9. I understand that collateral <i>cannot</i> be returned until the original certificate of discharge, signed and mailed by the Clerk of Court, is received in this office. Furthermore, I understand that substitution of collateral is at the discretion of the bail agency and the Surety. There are no agreements to substitute collateral at a later date. |
| _____ | _____ | 10. I understand that it is in the best interest of all parties to notify the bail agency if the Defendant is re-arrested or placed back in jail for any other reason. This will assure that the status of the bond is protected, and that the bond is not forfeited resulting in unnecessary costs, if the Defendant is unable to make a court appearance. |
| _____ | _____ | 11. I understand that the obligation under this agreement is joint and several. This means that I may be held solely and individually liable for up to the full amount owed for any and all charges, even if there are other co-signers on the agreement. |
| _____ | _____ | 12. Agreement of Venue: I agree that if legal action between the parties concerning this bail bond agreement is brought, it shall be brought in and before a Federal or State Court in Sarasota County in the State of Florida. |
| _____ | _____ | 13. The <u>PREMIUM</u> (\$ _____) is the <u>FEE</u> that you pay and is <u>NOT REFUNDABLE</u> . The premium must be paid in full regardless of the outcome of the bond. |

I have read and agree with the above declarations and understand my responsibilities and obligations.

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| X _____ Signature of Indemnitor | _____ _____ Date | X _____ Print Name |
| X _____ Signature of Indemnitor | _____ _____ Date | X _____ Print Name |
| X _____ Signature of Defendant | _____ _____ Date | X _____ Print Name |