

FINANCIAL CASUALTY & SURETY, INC. *fcs*

The Bail Insurance Company (*fcs*)

P.O. Box 4479

Houston, Texas 77210-4479

877.737.2245 • Fax 713.580.6401

DATE \_\_\_\_\_

**AGREEMENT FOR SURETY BAIL BOND**

Offense _____	Case # _____	Power # _____	Amount _____
Offense _____	Case # _____	Power # _____	Amount _____
Offense _____	Case # _____	Power # _____	Amount _____
Offense _____	Case # _____	Power # _____	Amount _____

I have read and had explained to me and understand the following terms and conditions of FINANCIAL CASUALTY & SURETY, INC. (hereinafter called FCS) executing the above Surety Bail Bonds in my behalf:

1. FCS shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and FCS as provided by law.

2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to FCS, and that FCS and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):

- a. If principal shall depart the jurisdiction of the Court without the written consent of the Court and the surety, or its Agent.
- b. If principal shall move from one address to another without notifying the surety, and/or its Agent, in writing prior to said move.
- c. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond(s).
- d. If principal is arrested and incarcerated for any offense other than a minor traffic violation.
- e. If principal shall make any material false statements in the application.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by FCS for any reason, and I am captured by FCS, and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.

4. I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize FCS, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by FCS, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to FCS, and/or its Agent.

_____ SIGNATURE OF DEFENDANT	_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER
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_____ PRINTED FULL LEGAL NAME	_____ ADDRESS
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_____ SIGNATURE OF WITNESS	_____ CITY, STATE, ZIP CODE
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STATE OF \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

MY COMMISSION EXPIRES:

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