

FINANCIAL CASUALTY & SURETY, INC.

DISCLOSURE FORM

Bond Numbers: _____

Amount of Bond: _____ Premium: _____ Date: _____

I understand in signing this bond for obtaining the release of: _____

I am responsible for him/her appearing in court each time he/she is so ordered; also I understand I am responsible for payment of any court costs for non-appearance if he/she fails to follow and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such forfeiture occurs and Defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay in FULL AMOUNT of the bond posted, including unpaid bail premium.

COLLATERAL cannot be returned until such time as the Company received written notice from the Clerk of the Court. Defendant and Indemnitor must call Financial Casualty & Surety, Inc. or its authorized agent should they move, change employment or if the phone number is changed or disconnected or any other condition changes relevant to the bond or indemnity application. FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN REVOCATION OF THE BOND.

If the Indemnitor wishes to be released from his obligation prior to adjudication, he must recommit the Defendant into the custody of the jail of jurisdiction. Our agency may provide for the recommittal of the Defendant, however fees will be determined by time and distance involved.

SHOULD THE DEFENDANT FAIL TO APPEAR FOR HIS/HER COURT DATE, THE FULL AMOUNT OF THE BOND IS DUE WITHIN 21 DAYS FROM THAT DATE.

I am not a paid signor. I have no connection with a Bail Bond Consultant.

WAIVER OF RIGHTS AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

In addition, the Defendant/Indemnitor hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the U.S. Armed Forces, the State Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies, all telecommunication carriers, i.e. paging, cellular phone, long distance and phone companies, and any other persons or organizations having information concerning the indemnitor to give such information to Financial Casualty & Surety, Inc. or its authorized agent and its assigns and/or duly authorized representative for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant/Indemnitor hereby waives his/her rights with respect to The Privacy Act and authorizes the use of copies of this document by Financial Casualty & Surety, Inc. or its authorized agent and its assigns and/or fully authorized representatives. I further understand that this is an application for a type of credit and authorized review of my credit history via credit reporting agencies.

I have read the above contract and understand it, and agree to fulfill ALL provisions therein.

SIGNED: _____
Indemnitor

Defendant

Co-Indemnitor

Agent