

“BONDING AGREEMENT and PAYMENT/COLLATERAL RECIEPT”

Date/Time: _____/_____/_____ Bail Amount/Premium: _____/_____

Amount Paid/Balance Due: _____/_____

Collateral given: _____

Defendants Name: _____

Jurisdiction/Charge: _____/_____

“A CHECK BELOW REFLECTS ACCEPTANCE OF CONDITIONS”

____ 1. I have read and understand the agreement for surety bail bond/bonds. This checklist is intended to clarify and explain the standard agreement for these bail bond/bonds. I understand that there are no additional terms nor are there any exemptions to the contract, either in writing or verbally, that limit my responsibility under the bail agreement.

____ 2. I understand that if there are any monies/premiums not paid at the time of release on the bond, that the amount due is to be paid according to the agreement made herein and failure to do so will result in the immediate revocation of the bond and the defendant returning to jail. Any expenses related to this action will be paid by the indemnitors on the bond.

____ 3. This bond/bonds is being posted today at the rate of 10% of the bail amount plus any additional fees charged by the bonding company as outlined per this agreement.

____ 4. Failure to appear, by the defendant on any and all dates required by the courts involved in the charges, **MAY** result in an arrest warrant being issued and the immediate arrest of the defendant and revocation of the bond/bonds. **Failure to appear is an additional charge that is imposed by the courts and may result in further bail being added along with the bail that MAY have been revoked.**

____ 5. Any and all additional fees that may be incurred by the bonding company or any of its agents relating to the locating, apprehending, transporting and surrendering of the defendant is the complete responsibility of the defendant and/or indemnitors/guarantors/co-signers on this bond and will be due in full at the time the charges are incurred. Each co-signer on this contract has equal responsibility for the charges incurred herein; that the obligations under this agreement are 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 cosigners on the agreement.

____ 6. **I understand that if a show cause is issued the bonding company or any of its agents, there is a charge of \$200.00 for each appearance individually, due immediately after the show cause is issued;** this covers additional costs incurred by the bondsman and company.

____ 7. I understand that any collateral placed with the bonding company cannot be released until **all charges involved have been finalized by the court/courts involved**, but in no case less than 15 business days from the date of the verified completed proceedings. **Collateral in full, or a portion thereof, may be forfeited if the bond is violated or the conditions are not met. Any additional charges or fees will be deducted from the collateral amount.**

____ 8. I declare that all statements made on this and all other agreements relating to this specific bond/bonds and for this defendant, are all true to the best of my ability. **FALSE INFORMATION FURNISHED HEREIN CAN RESULT IN THE IMMEDIATE ARREST OF THE DEFENDANT AND REVOCATION OF THE BOND.**

____ 9. **AGREEMENT OF VENUE:** I agree that if legal action between the parties concerning this bail bond is brought, it shall be brought before the appropriate court in **LUNENBURG COUNTY, VIRGINIA.**

____ 10. If there should be any questions concerning this agreement please contact the bonding company or any of the agents/bondsman named at the following number:

BONDSMAN: Bill Marx, Sr.
Cell phone: 434-294-0222

PHONE: 434-676-4517 Office
866-316-2245 Toll Free

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE TERMS
And I have received a copy of this agreement

DATE OF AGREEMENT: _____

DEFENDANT: _____

INDEMNITOR: _____ INDEMNITOR: _____

BONDSMAN/AGENT: _____ INDEMNITOR: _____

BONDING COMPANY/SURETY: _____/_____.

FIRST COURT DATE: _____.