

Promissory Note & Repayment Contract

Installment Payments with Interest

Name of Borrower 1: X

Name of Borrower 2: _____

Name of Inmate: _____

Name of Lender: (check one) All Buddy's Company Radcliffe Services
 Michelle Brown Dexter Radcliffe Other _____

1. Borrower and Inmate promise to pay to Lender the amount of \$ _____ (____% on a bond of _____) in return the lender will write a secured bond for the release of _____ (defendant) from _____ in the city of _____ on _____. Payment will be made at the rate of 18% per year from the date this note was signed until the date the bond is discharged and/or paid in full.
2. Borrower and Inmate agree that this note will be paid in installments of \$ _____ per week, which includes principal and interest, and is due on Tuesdays until the full amount including principal and interest, are paid in full.
3. If any installment payment due under this note is not received by Lender within 3 days of its due date, the entire amount of unpaid principal will become immediately due and payable at the option of Lender without prior notice to Borrower or Inmate.
4. If the Inmate or Borrower breaks this bond agreement, the full amount of the Bond will be due immediately this includes all and any Show Causes, Capias or non-payment.
5. If Lender prevails in a lawsuit to collect on this note, Borrower and Inmate agree to pay Lenders attorney fees in an amount the court finds to be just and reasonable.
6. 6. Bond Company _____ Bond # _____

The term Borrower refers to one or more borrowers. If there is more than one borrower, you agree to be jointly and severally liable. The term Lender refers to any person who legally holds the note and bond. This instrument contains a confession of judgment provision which constitutes a waiver of important rights you may have as a debtor, and allows the creditor to obtain a judgment against you without further notice. All information freely received can be used to obtain and collect outstanding debt owed by borrower or inmate.

Borrower or inmate's signature indicates agreement to the attached Administrative Fee Schedule.

Agent Signature _____

X _____
Borrower 1 signature Date

Borrower 2 or Inmate signature Date

X _____
Social Security # Date of Birth

Social Security # Date of Birth

X _____
Phone #

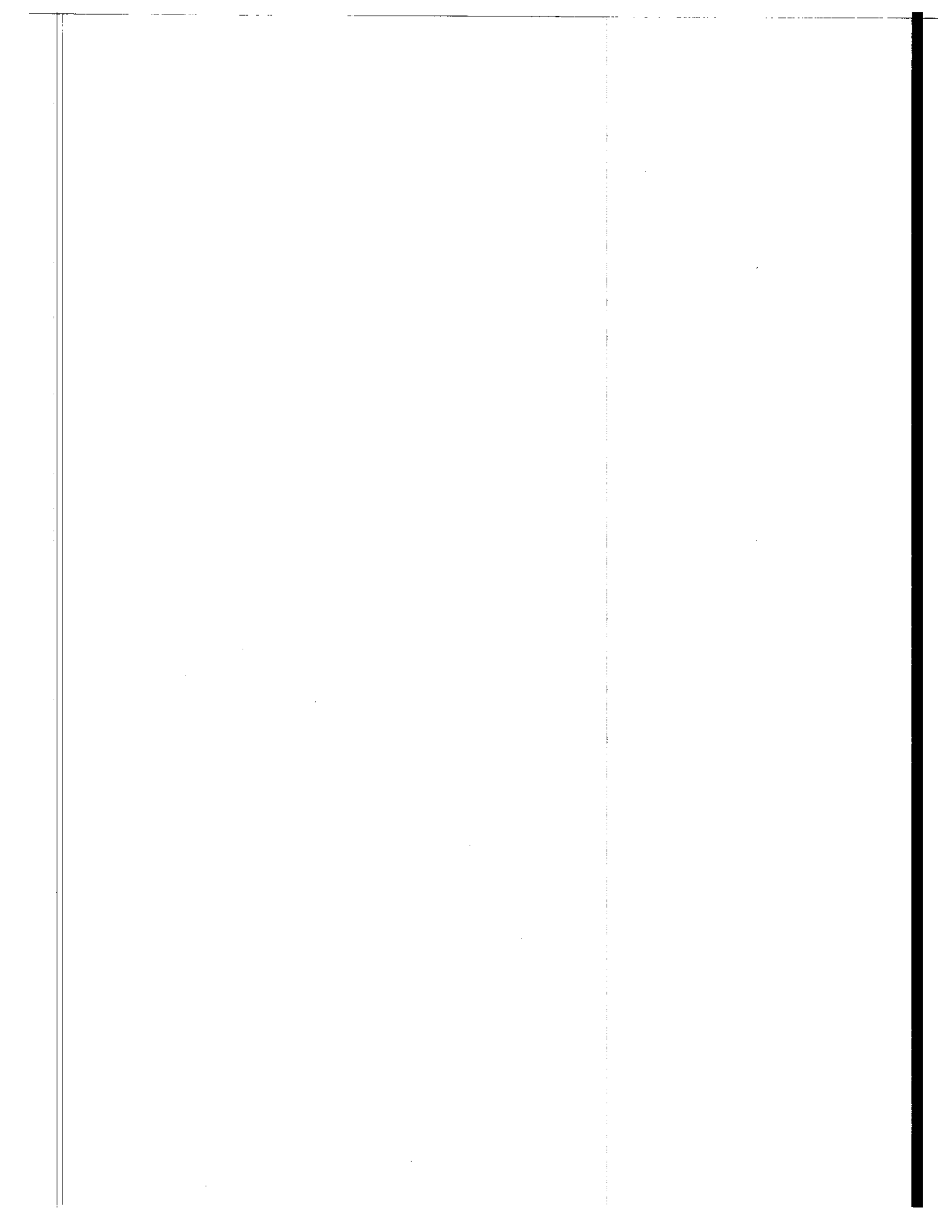
Phone #

X _____
Address

Job information

X _____
Banking information

Banking information



BAIL BOND APPLICATION - INDEMNITOR

COMPANY	INTERNATIONAL FIDELITY INSURANCE COMPANY	PRODUCER	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
	ALLEGHENY CASUALTY COMPANY		
PO BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245			

THIS IS A 4-PAGE DOUBLE SIDED DOCUMENT; READ CAREFULLY AND COMPLETE

1. Defendant Information	
Defendant Name _____	DOB _____
<small>First</small> <small>Middle</small> <small>Last</small>	
Charges _____	Case # _____
Court Name _____	Date to Appear _____
POA# _____	
2. Indemnitor Name and Address	
Name _____	
<small>First</small> <small>Middle</small> <small>Last</small>	
My friends/family know me as _____	Relationship to Defendant _____
Home Phone # _____	Cell Phone # _____
	Work Phone # _____
Current Address _____	Email _____
City _____	State _____ Zip _____
	How long? _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name _____	Landlord Phone # _____
Former Address _____	
City _____	State _____ Zip _____
	How long? _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name _____	Landlord Phone # _____
3. Personal Description	
DOB _____	Place of Birth _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security # _____	Driver's License # _____
	Issuing State _____
How Long in U.S.? _____	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Race _____ Alien # _____
Additional Notes _____	



4. Employment		
Employer _____	Position _____	How Long _____
Employer Address _____		
Supervisor's Name _____	Phone # _____	
Union _____	Local # _____	
Military Branch _____	Active _____	Discharge Date _____

5. Marital Status		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Cohabiting
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Significant Other Name _____	Years together _____	
Address _____	Email _____	
Home Phone # _____	Cell Phone # _____	DOB _____
Employer _____	How Long? _____	Phone # _____
Significant Other Mother Name _____	Phone # _____	
Significant Other Father Name _____	Phone # _____	
Former Significant Other Name _____	Years together _____	
Address _____	Email _____	
Home Phone # _____	Cell Phone # _____	DOB _____
Employer _____	How Long? _____	Phone # _____

6. Vehicle		
Year _____	Make _____	Model _____
Color _____	Plate # _____	State _____
Where Financed _____	Amount Owed _____	

7. References		
Name _____	Relation _____	
Address _____	Employer _____	
Home Phone # _____	Work Phone # _____	Cell Phone # _____
Name _____	Relation _____	
Address _____	Employer _____	
Home Phone # _____	Work Phone # _____	Cell Phone # _____
Name _____	Relation _____	
Address _____	Employer _____	
Home Phone # _____	Work Phone # _____	Cell Phone # _____



8. Social Network Information

<u>Facebook Account</u>	<u>Twitter Account</u>	<u>LinkedIn Account</u>	<u>Other:</u> _____
Username _____	Username _____	Username _____	Username _____
Password _____	Password _____	Password _____	Password _____

9. Financial Information

Cash on hand \$ _____	Cash in bank \$ _____
Real Estate Value \$ _____	Real Estate Mortgage \$ _____
In whose name is Title? _____	Monthly Salary or Wages \$ _____

Authorized Signatures

I hereby represent and warrant that the foregoing information is true, complete and correct and is made for the purpose of inducing International Fidelity Insurance Company/Allegheny Casualty Company to issue, or cause to be issued, bail bond(s) for the defendant referred to herein.

Signed, sealed and delivered this _____ day of _____, 20____

<i>Indemnitor</i>	DL # _____
Sign _____	SSN _____
Print _____	DOB _____

**NOT FOR USE IN NORTH CAROLINA
SEE NEXT PAGE FOR APPLICABLE FRAUD WARNINGS.**

IMPORTANT FRAUD WARNINGS

ALABAMA RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS

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 misleading information is guilty of a felony of the third degree.

LOUISIANA RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MAINE RESIDENTS

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MARYLAND RESIDENTS

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NEW JERSEY RESIDENTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO RESIDENTS

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OHIO RESIDENTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person criminal and civil penalties.

RHODE ISLAND RESIDENTS

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TENNESSEE RESIDENTS

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WASHINGTON RESIDENTS

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BAIL BOND APPLICATION - DEFENDANT

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1. Defendant Name and Address

Defendant Name _____ My friends/family know me as _____
First Middle Last

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Current Address _____ Email _____

City _____ State _____ Zip _____ How long? _____ Rent Own

Landlord Name _____ Landlord Phone # _____

2. Arrest Information

Date of Arrest _____ Booking Name (if different) _____ Case Number _____

Arresting Agency _____

Jail Location _____ Booking # _____

Charges _____

Court Name _____ Judicial District _____

County _____ State _____ Date to Appear _____ Time _____

POA# _____

Previous Arrests: Charges _____ Date _____ Where _____
Charges _____ Date _____ Where _____

Probation / Parole Officer Name _____ Phone # _____

Pending Charges in Other Counties _____ Are you on parole/probation? Yes No

Are you now under any bond? Yes No Have you ever failed to appear in court? Yes No

Bonded before by _____ When? _____

Co-Defendant Name _____ Phone # _____

3. Personal Description (continued on page 2)

M F DOB _____ Race/Nationality _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ Glasses _____ Facial Hair _____ Complexion _____

Tattoos / Piercings _____ Scars / Distinguishing Marks _____

Medical Conditions / Disabilities _____



3. Personal Description (continued from page 1)

Place of Birth _____ SSN _____
 Driver's License / ID # _____ State Issued _____ Name of Last City _____ State _____
 Number of Years in City _____ Number of Years in State _____ Number of Years in U.S. _____
 Are you a U.S. citizen? Yes No Alien Number _____

4. Employment

Current Employer _____ Position _____ How Long _____
 Supervisor's Name _____ Phone # _____
 Former Employer _____ Position _____ How Long _____
 Supervisor's Name _____ Phone # _____
 Union _____ Local # _____
 Military Branch _____ Active? _____ Discharge Date _____

5. Former Address

Former Address _____ City _____ State _____ Zip _____
 How long at this address? _____ yrs. _____ mos. From _____ To _____ Rent Own
(mm/dd/yyyy) (mm/dd/yyyy)
 Landlord Name _____ Landlord Phone # _____

6. Social Network Information

Facebook Account	Twitter Account	LinkedIn Account	Other: _____
Username _____	Username _____	Username _____	Username _____
Password _____	Password _____	Password _____	Password _____

7. Vehicle

Year _____ Make _____ Model _____
 Color _____ Plate # _____ State _____
 Where Financed _____ Amount Owed _____
 Insurance Company / Agent _____ Phone # _____

8. Financial Information

Financial Institution _____ Phone # _____ Savings Checking
 Address _____
 City _____ State _____ Zip _____ Average Balance \$ _____

9. Relatives and Friends

Father Name _____ Home Phone # _____ Cell Phone # _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Work Phone # _____
 Mother Name _____ Home Phone # _____ Cell Phone # _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Work Phone # _____
 Sibling Name _____ Phone # _____
 Best Friend Name _____ Phone # _____

10. Marital Status/Children

Single Married Cohabiting Separated Divorced Widowed

Significant Other Name _____ Years together _____
 Address _____ E-mail _____
 Home Phone # _____ Cell Phone # _____ SSN _____
 Employer _____ Supervisor Name _____ Work Phone # _____
 Significant Other Mother Name _____ Phone # _____
 Significant Other Father Name _____ Phone # _____
 Former Significant Other Name _____ Years together _____
 Address _____ E-mail _____
 Home Phone # _____ Cell Phone # _____ SSN _____
 Employer _____ Supervisor Name _____ Work Phone # _____

Child Name	Age	School/Employer	Mother / Father Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Signed, sealed and delivered this _____ day of _____, 20____

Defendant _____ DL # _____
 Sign _____ SSN _____
 Print _____ DOB _____

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