

Lawyers Trust Bail Bonds LLC

218 East Main St.
Westminster, Md. 21157
410-871-1750 or 301-526-8607

ACKNOWLEDGEMENT

I, _____, acknowledge that as co-signer for _____ (defendant), I, am fully responsible for his/her appearance for all Court hearings pertaining to this bond until full and final disposition of the charges. If this bond is forfeited because of defendant's failure to appear or failure to abide by any of the terms or conditions required by the Court or surety I understand that I will be held responsible for \$ _____ which is the full amount of the bond. In addition, I understand that I will be responsible for all charges and expenses incurred in the apprehension of the defendant. **I further understand that all premiums paid are non-refundable.**

Lawyers Trust Bail Bonds Representative

Date

Co-signer signature

Date

Co-signer signature

Date

Co-signer signature

Date

Defendant's signature

Date