

Insurance Company			ROND			
		d Blvd., Ste 321 ights, OH 44124	NO. Bail			
(440)229.3420 (440)229.3421 FAX			Amount:	\$		
			Premium Amount:	\$		
Date	:		Amount Paid Dow	n: \$		
			Unpaid Balance:			
			Cash			
Jail	: -		Collateral:	\$		
(INITIAL)						
	1.	I have read and received a copy of the standard surety bail bond	d agreement.			
	2.	This indemnitor/guarantor checklist is intended to clarify and e	xplain the standa	rd surety ba	ail bond agree	ment.
	3.	I understand I am responsible to make the payments for mo Finance charges are computed on unpaid balances on the 30t annum. There is a <u>10%</u> percent late fee on all scheduled pa date.	th day of each mo	onth at a rat	e of ten perce	nt per
	4.	I understand I am required to pay the amount of the bail prer surety is legally discharged from all liability on the bonds post		in advance	hereafter, un	til the
	5.	I understand I am responsible for paying the full amount of the court, for every appearance and any other time ordered by the dismissed by the court.				
	6.	A forfeiture of the bail will be entered by the court if the dunderstand that if the bond is ordered forfeited and it is not amount of the bail forfeited to the bail agency.				
	7.	I understand I am responsible if it becomes necessary to arrest a sible for paying for investigation, location and apprehension tiper hour per investigator plus expenses or 20% perce	me; this is billed a	it a rate of		oon-
		Investigation costs will begin to accrue after a court forfeiture of placed back in custody or when any condition exists as defined limited to Sections Five and Eleven. If no investigation costs had defendant at the jail facility of the court specified on the bail reasonable court costs, as described in Paragraph 8 of this chewill be provided.	d in the bail bond ve been incurred eceipt there will l	l agreement prior to a vo be no invest	t, specifically, b luntary surren tigation cost c	out not der of harged.
	8.	I understand that if bail is ordered forfeited by the court reasonable appearance fees (a minimum of \$300) for bond if necessary.	, that I am resp rthe bail agency t	onsible to oreinstate o	pay court co rexonerate the	sts and e bail
	9.	I understand that if I breech the bail bond agreement, by non pagreement, I am responsible for any collection actions taken, i are a minimum of \$300 an hour. If any collection action will be charged.	ncluding attorne	y fees and c	osts. Attorney	
1	0.	I understand that collateral cannot be released until all bonds p exonerated, and written notice from the court provided to the		alf for the d	efendant have	been
1	1.	I understand that substitution of collateral is done at the discr There are no agreements to substitute collateral at a future da		ty and the k	oail bonding a	gency.
1	2.	I understand that it is my responsibility to request return of any cof collateral until the bail agency has researched the exoneratic courts. This process may be done faster if I obtain written verific provide it to the bail agency.	on date and verif	fied the bail	bond status w	ith the
1	3.	This checklist is intended to explain and clarify the standard bail bail agency. There are no additional terms nor are there any verbally, that limit my responsibility under the bail agreement	exemptions to t			
1	4.	I declare that all statements made on this application and finar agency, within 48 hours of any changes, including but not lime ither myself or the criminal defendant.				
1	5.	I understand the obligation under this agreement is joint and s individually liable for up to the full amount owed for any and a agreement.				
1	6.	Agreement of Venue: I agree that if legal action between the parties be brought in and before a federal or state court inin the State of		this bail bon	id is brought, i	t shall Count
••		IAVE READ AND AGREE WITH THE ABOVE DECLARATI MY RESPONSIBILITIES AND OBLIGATIONS AS INDEMN			O	

SIGNATURE: __

(print): _____

NAME

INDEMNITOR/GUARANTOR

CHECKLIST

BB-84CA

SIGNATURE: _

Received copy: _____

NAME (print):