

ACCESS BAIL BONDING
 122 S. SALISBURY ST. RALEIGH, NC 27601
 (919) 821-9998 (919) 625-8853

DATE: _____

OFFICIAL USE

POWER #	COUNTY	CASE #
AMOUNT OF BOND	PREMIUM	BALANCE
COURT DATE	TIME	CHARGES

CLIENT INFORMATION

FIRST NAME	MIDDLE	LAST NAME	NICKNAME
DATE OF BIRTH	PLACE OF BIRTH	SEX	HEIGHT
EYE COLOR	HAIR COLOR	IDENTIFYING MARKS/SCARS/TATTOOS	
SOCIAL SECURITY #	DRIVERS LICENSE #	ATTORNEY/PROBATION OFC NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME	CELL	EMAIL	
VEHICLE MAKE	YEAR	MODEL	COLOR
		PLATE	NC
CURRENT EMPLOYER	ADDRESS		
SUPERVISOR NAME	YEARS EMPLOYED	PHONE NUMBER / EXT.	

PERSONAL REFERENCES

(1)	NAME	ADDRESS		
	PHONE #	RELATIONSHIP	EMPLOYER	WORK #
(2)	NAME	ADDRESS		
	PHONE #	RELATIONSHIP	EMPLOYER	WORK #
(3)	NAME	ADDRESS		
	PHONE #	RELATIONSHIP	EMPLOYER	WORK #

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CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby authorize the release of information from the North Carolina Department of Motor Vehicles, the Social Security Administration, the state Department of Disability Insurance, the Internal Revenue any entity of the U.S. Armed Forces, parole or probation officer, the U.S. Postal Service, Bus Stations, Transportation Agencies, any present and/or past landlords, employers, doctors, hospitals, banks/financial institutions, telephone/wireless providers, any utility companies, all Municipal County, State and Federal and Law Enforcement agencies and any other persons or organizations that have information pertaining to the undersigned that would assist in securing the defendants appearance in court to produce that information to Access Bail Bonding and/or Bobby Judd.

I hereby request that Access Bail Bonding in addressing the matter described above, and authorize Access Bail Bonding/Bobby G. Judd and its assigned and/or duly authorized representatives.

Defendant Signature/Date

Surety Agent Signature/Date

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CONTINGENCY PROMISSORY NOTE

STATE OF NORTH CAROLINA

COUNTY OF _____

For value received, the undersigned, independently and/or jointly, promise to pay to Access Bail Bonding/Bobby G. Judd (Surety) /AIA Insurance Company, on order or demand the amount of \$ _____ or what balance is remaining on the bail premium for _____ (Defendant), and only if Defendant fails to pay or meet the requirements set forth in his/her Memorandum of Agreement. The maker and endorser of this note agrees to waive demand, notice of non-payment and protest: and in case suit shall be brought for the collection hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney's fees and assessable costs for making such collection.

It is further agreed and specifically understood that this note shall become null and void in the event the said Defendant _____ shall appear in the proper court at the time or times so directed by the Judge or Judges of competent jurisdiction until the obligations under the appearance bond or bonds posted on behalf of the Defendant have been fulfilled and the surety discharged of all liability thereunder, otherwise to remain in full force and effect.

This the _____ day of _____, 20____.

Defendant

Indemnitor (1)

Agent

Indemnitor (2)

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INDEMNITOR (1)	
Name	_____
Address	_____
City/St/Zip	_____
Home#	_____ Relation _____
Cell	_____
DOB	_____ SS# _____
DL#	_____
Email	_____
Employer	_____
Location	_____
Wk#	_____
Vehicle	_____
Tag#	_____ Color _____

INDEMNITOR (2)	
Name	_____
Address	_____
City/St/Zip	_____
Home#	_____ Relation _____
Cell	_____
DOB	_____ SS# _____
DL#	_____
Email	_____
Employer	_____
Location	_____
Wk#	_____
Vehicle	_____
Tag#	_____ Color _____

DEFENDANTS AND INDEMNITOR'S INDEMNITY AGREEMENT AND GUARANTEE

_____ County, North Carolina

I, _____ Defendant, and _____ (Indemnitor 1), _____ (Indemnitor 2), acting and being obligated as surety on bail bond in the amount of \$ _____ do guarantee the payment of said bond to _____ Bail Bondsman, in the event of forfeiture by the above named principal. I specifically waive notice of acceptance of this guaranty, acknowledge myself as fully bound by all provisions of the above stated bail bond, and expressly agree to pay, upon demand, any amount owing, not to exceed the amount of forfeiture ordered hereunder, and I do hereby agree to indemnify and hold harmless the above Access Bail Bonding/Bobby G. Judd or its assigned representative/agents/AIA Insurance Company, for such amounts is required to pay upon such forfeiture. This agreement is void upon termination of liability on the bail bond as provided by North Carolina Administrative Code T11 13.0512.

It is further agreed defendant will be returned to jail, without refund of bond premium for any of the following:

1. Willfully fails to pay the premium to the surety or willfully fails to make a premium payment under the agreement specified in G.S. 58-71- 167.
2. Changes his or her address without notifying the surety before the address change.
3. Physically hides from the surety.
4. Leaves the State without the permission of the surety.
5. Violates any order of the court
6. Knowingly provides the surety with incorrect personal identification, or uses a false name or alias.
7. Fails to disclose information or provides false information regarding any failure to appear in court, any previous felony convictions within past 10 years, or any charges pending in any State or Federal court.

This the _____ day of _____, 20____.

Defendant

Indemnitor (1)

Agent

Indemnitor (2)

MEMORANDUM OF AGREEMENT

THE MEMORANDUM OF AGREEMENT IS BETWEEN THE PRINCIPAL AND SURETY WHEN IN ANY CASE SOME PORTION OF THE BOND PREMIUM PAYMENTS ARE TO BE DEFERRED OR PAID AFTER THE DEFENDANT HAS BEEN RELEASED FROM CUSTODY PURSUANT TO NORTH CAROLINA GENERAL STATUTE 58, ARTICLE 71, SECTION 167.

1. Amount of bond premium charged = \$ _____
2. Amount of bond premium de ferred= \$ _____
3. Method and Schedule of Payments:

- | | |
|-------------------------------|-------------------------------|
| A. Date _____ Amount \$ _____ | E. Date _____ Amount \$ _____ |
| B. Date _____ Amount \$ _____ | F. Date _____ Amount \$ _____ |
| C. Date _____ Amount \$ _____ | G. Date _____ Amount \$ _____ |
| D. Date _____ Amount \$ _____ | H. Date _____ Amount \$ _____ |

Total Payments = \$ _____

DO NOT SIGN THIS MEMORANDUM OF AGREEMENT BEFORE YOU READ IT. UPON REQUEST, YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. ANY SUBSEQUENT MODIFICATIONS OF THIS AGREEMENT MUST BE IN WRITING, SIGNED, DATED AND KEPT ON FILE BY THE SURETY, WITH A COPY PROVIDED TO THE PRINCIPLE, UPON REQUEST.

This the _____ day of _____, 20____.

Surety

Name of Principle

Indemnitor

Address

PAYMENTS MADE			
DATE _____	\$ _____	DATE _____	\$ _____
DATE _____	\$ _____	DATE _____	\$ _____
DATE _____	\$ _____	DATE _____	\$ _____
DATE _____	\$ _____	DATE _____	\$ _____
DATE _____	\$ _____	DATE _____	\$ _____
DATE _____	\$ _____	DATE _____	\$ _____

COMMENTS / NOTES