

Signal Bail Bonds

3535-203 S. Wilmington st

Raleigh NC 27603

Court Date _____

Case Number _____

Bond Amount \$ _____

Date of Bond _____

Agent _____

“WE GO ABOVE AND BEYOND FOR YOU!”

I hereby apply you to act as my bail agent in the _____ Court of _____ County, _____ State,

where I am charged with the offense of _____

It is understood and agreed that the happening of any one of the following events shall constitute a breach of Defendant's obligation to Signal Bail Bonds hereunder, and Signal Bail Bonds shall have the right to forthwith apprehend, arrest and surrender Defendant, and the Defendant shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of Defendant's obligation hereunder are:

1. LEAVE THE JURISDICTION OF THE COURT (THE STATE) WITHOUT THE PERMISSION OF YOUR AGENT.
2. CHANGE YOUR ADDRESS WITHOUT NOTIFYING YOUR BONDSMAN.
3. CONCEAL YOURSELF FROM YOUR BONDSMAN.
4. VIOLATE YOUR OBLIGATION TO THE COURT (MISS ANY COURT DATES).
5. FAIL TO PAY THE BALANCE ON YOUR BOND FEE AS AGREED UPON ON THE MEMORANDUM OF AGREEMENT.
6. FAILS TO DISCLOSE INFORMATION OR PROVIDES FALSE INFORMATION REGARDING ANY FAILURE TO APPEAR IN COURT, AND PREVIOUS FELONY CONVICTIONS WITHIN THE PAST 10 YEARS, OR ANY CHARGES PENDING IN ANY STATE OR FEDERAL.
7. KNOWINGLY PROVIDES THE SURETY WITH INCORRECT PERSONAL IDENTIFICATION, OR USES A FALSE NAME OR ALIAS

ALL INFORMATION BELOW MUST BE COMPLETED IN FULL OR DELAY WILL OCCUR (PLEASE PRINT)

FULL NAME _____ PHONE () _____ - _____

RESIDENCE ADDRESS _____ HOW LONG _____

FORMER ADDRESS _____ HOW LONG _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ CAR MAKE/MODEL _____ PLATE# _____

EMPLOYER _____ ADDRESS _____ PHONE# _____

SEX _____ DATE OF BIRTH ____/____/____ HEIGHT _____ WEIGHT _____ EYES _____

HAIRCOLOR _____ RACE _____ TATOOS/ID MARKS _____

PARENT'S NAMES _____ ADDRESS _____ PHONE _____

CHILDREN'S NAMES _____ CHILDREN'S SCHOOL _____

FAMILY REFERENCES:

1 _____ ADDRESS _____ PH# _____ RELATION _____

2 _____ ADDRESS _____ PH# _____ RELATION _____

3 _____ ADDRESS _____ PH# _____ RELATION _____

SIGNATURE OF DEFENDANT: X _____

SIGNAL BAIL BONDS

POWER NUMBER _____

BOND AMOUNT _____

AGENT _____

FINANCIAL STATEMENT AND INDEMNITY AGREEMENT

FULL NAME OF Co-Signer 1 _____ PHONE () _____ - _____

RESIDENCE (Street) ADDRESS _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH _____ \ _____ \ _____

EMPLOYER _____ EMPLOYER'S ADDRESS _____

EMPLOYER'S PHONE () _____ - _____ MANAGER NAME _____ # OF YRS ON THIS JOB _____

CAR MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

Co-Signer RELATIONSHIP TO DEFENDANT _____ SPOUSE _____

FULL NAME OF Co-Signer 2 _____ PHONE () _____ - _____

RESIDENCE (Street) ADDRESS _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH _____ \ _____ \ _____

EMPLOYER _____ EMPLOYER'S ADDRESS _____

EMPLOYER'S PHONE () _____ - _____ MANAGER/SUPERVISOR'S NAME _____

CAR MAKE _____ MODEL _____ COLOR _____ LICENSE PLATE # _____

CO-SIGNER'S RELATIONSHIP TO DEFENDANT _____ SPOUSE _____

PERSONAL REFERENCES

#	Name	Address	Phone	Relationship
1.				
2.				
3.				
4.				

IN WITNESS WHEREOF, the parties have executed this Agreement on this DATE

SIGNATURE OF DEFENDANT: X _____

SIGNATURE OF CO-SIGNER 1: X _____

SIGNATURE OF CO-SIGNER 2: X _____

SIGNAL BAIL BONDS

Power Number _____

Agent _____

Date: _____

AMOUNT OF BOND: _____ PREMIUM: _____ CASE NUMBER: _____

I understand in signing this bond for obtaining the release of

Defendant Name: X _____ Co-Signer 1: X _____

Co-Signer 2: X _____

I am responsible for him/her appearing in Court each time he/she is ordered: also, I understand that I am responsible for payment of any court costs for non-appearance if he/she fails to follow any and all instructions or orders of the Court of forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand I am responsible for any and all expenses incurred as a result of such forfeitures and further, if such a forfeiture occurs and defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including unpaid bail premium, if applicable in this state. Should state laws supersede this or any part of the agreement, all other terms are still in force effect.

COLLATERAL cannot be returned until such time as the Company receives written notice from the clerk of the court.

I am not a paid signer and I have read the entire above contract and understand it, and agree to fulfill ALL provisions therein.

Co-Signer 1: X _____

Co-Signer 2: X _____

I, (Defendant) _____, (Co-Signer 1) _____ hereby authorize an direct my relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the United States Armed Forces, the State Division of Motor Vehicles, all municipal, county, state and Federal Law enforcement agencies and any other persons or organizations having information concerning me or my whereabouts to give such information obtained to be used for the purpose of securing my appearance and/or apprehension for court appearance, Further, I hereby waive my rights with respect to any privacy right and authorize the use of copies of this document by investigators or bounty hunters and/or authorized representatives. I also give my permission for my bondsman/attorney to obtain criminal history and/or photographs from federal, state and local agencies.

Defendant: X _____ Date: _____

Co-Signer 1: X _____ Date: _____

Co-Signer 2: X _____ Date: _____

Signal Bail Bonds

POWER # _____

Amount of Bond: _____

Memorandum of Agreement

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

AMOUNT OF BOND PREMIUM CHARGES..... \$ _____

AMOUNT OF BOND PREMIUM PAID..... \$ _____

AMOUNT OF BOND STILL OWED..... \$ _____

METHOD OF ORIGINAL PAYMENT TYPE.....CASH _____ CREDIT _____ CHECK _____

PAYMENT FREQUENCY..... WEEKLY _____ BI-WEEKLY _____

AMOUNT OF EACH PAYMENT..... \$ _____

DO NOT SIGN THIS MEMORANDUM OF AGREEMENT BEFORE READING IT, UPON REQUEST YOU ARE ENTITLED TO A COPY OF THE 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 DEFENDANT AND CO-SIGNER UPON REQUEST.

Date of Agreement: Month _____ Day _____ Year _____

Signature of Defendant: X _____

Signature of Co-Signer 1: X _____

Signature of Co-Signer 2: X _____

<u>Payment</u> <u>Dates</u>	1)	2)	3)
	4)	5)	6)
	7)	8)	9)
	10)	11)	12)

