

**MITCHELL BAIL BONDS SERVICES**

DOWNTOWN LOCATION

1303 W. Travis  
San Antonio, Texas 78207  
210-354-2245

**MITCHELL BAIL BONDS**

EAST SIDE LOCATION

3003 Martin Luther King  
San Antonio, Texas 78220  
210-472-2245

Defendant Name		Nickname/Alias		Country of Origin	
Home Address (with Apt.# if any)		Zip Code	Home Phone #		Cell # & Provider
Race	Sex	Date of Birth		Social Security #	
<b>On Probation / Parole:</b>	<b>How Long:</b>	<b>Offense:</b>	<b>Parole/Probation Officer Name:</b>		
<b>On Bond With Another Company</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Name Of Bond Co:</b>	<b>Offense:</b>		
Email address		Facebook user name		Twitter/Instagram	
Driver's License #	State	Description: Height	Weight	Eye Color	Hair Color
Scars/Marks/Tattoos		Physical/Medical Conditions			
Employer Name	Work #	Employer Address		How Long	Supervisor
Marital Status	Significant Other	Name How Long Together		Spouse Telephone Number	
Spouse Resident Address ( <i>if different</i> )		Spouse D.L. #		State	
Describe Vehicle: Make		Model	Year	Color	License Plate #
<b>Emergency Contact – Relationship</b>		<b>Name</b>	<b>Address</b>	<b>Phone #</b>	
<b>Reference #1 – Relationship</b>		<b>Name</b>	<b>Address</b>	<b>Phone#</b>	
<b>Reference #2 – Relationship</b>		<b>Name</b>	<b>Address</b>	<b>Phone#</b>	
<b>Reference #3 – Relationship</b>		<b>Name</b>	<b>Address</b>	<b>Phone#</b>	
<b>Reference #4 – Relationship</b>		<b>Name</b>	<b>Address</b>	<b>Phone#</b>	
<b>Date:</b>	<b>Defendant's Signature:</b>		<b>Print Name:</b>		

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Co-Signers Name		Relationship to Defendant			
Home Address (with Apt.# if any)		Zip code	Home Phone #		Cell # & Provider
Race	Sex	Date of Birth		Social Security #	
Driver's License #	State	Weight	Height	Hair Color	Eye Color
Email address		Facebook user name		Twitter/Instagram	
Employer Name	Work #	Employer Address		How Long	Supervisor
Marital Status	Significant Other Name		How Long Together		Spouse Telephone Number
Spouse Resident Address <i>(if different)</i>		Spouse D.L. #	State		
Spouse's Employer Name		Telephone #	Employer's Address		How Long? Supervisor
Describe Vehicle:	Make	Model	Year	Color	License Plate #
<b>Emergency Contact Relationship</b>		<b>Name</b>	<b>Address</b>		<b>Phone #</b>
<b>Reference #1 – Relationship</b>		<b>Name</b>	<b>Address</b>		<b>Phone#</b>
<b>Reference #2 – Relationship</b>		<b>Name</b>	<b>Address</b>		<b>Phone#</b>
<b>Reference #3 – Relationship</b>		<b>Name</b>	<b>Address</b>		<b>Phone#</b>
<b>Reference #4 – Relationship</b>		<b>Name</b>	<b>Address</b>		<b>Phone#</b>

<b>Date:</b>	<b>Cosigner's Signature:</b>	<b>Print Name:</b>
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**CO-SIGNER & DEFENDANT AGREEMENT CHECKLIST**

DATE: \_\_\_\_\_ BOND PREMIUM AMOUNT \$ \_\_\_\_\_ AMOUNT PAID DOWN \$ \_\_\_\_\_ UNPAID REMAINING BALANCE \$ \_\_\_\_\_

Defendant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sid # \_\_\_\_\_

**Initial Below**

DEF/ COSIGNER

To protect your interest and in order to conduct business with you we may gather necessary information from you and others related to the transaction. This may include any information bearing on your creditworthiness. We will exercise reasonable care to keep your information secure.

I understand I am responsible to make the payments for any moneys due on the premium. There is a 15.00 fee for late or impartial payments.

If the Defendant has Immigration related issues, I understand I must pay 100% of the bond. A 20% fee minimum will be charged for the bail bond services. Up to 80% of the fee can be refunded upon exoneration. In the event of Forfeiture, the bond fee **WILL NOT BE REFUNDED**.

I understand in the event the Defendant is detained in Federal Custody; (In instances where there is an immigration hold or any other type of Federal hold or Parole Hold) the bail bond may be surrendered. If this happens, the bail bond fees and payments **WILL NOT BE REFUNDED**. I further agree to pay the remaining balance according to the payment arrangements listed on the disclosure statement.

If any REFUNDS are to be given they will require 24 hours to process and with management approval only. All receipts and bonds must be returned if not processed. Effective September 1, 2018.

A forfeiture of the bail will be entered by the Court if the Defendant fails to make any court appearance. I understand that if the bond is ordered forfeited and it is not ordered reinstated, or exonerated within the time allowed by law, that I must pay the full amount of the bail forfeited, plus all expenses to the bail agency.

I understand that if the court issues a bench warrant for the arrest of the Defendant for a violation of bail including failure to appear after bail, I may be responsible for an administration fee of \$100.00 by the bail agency.

I understand I am responsible if it becomes necessary to arrest and surrender the Defendant, that I am responsible for paying for any investigation, location, and apprehension time; this is billed at a 10% fee of the bond per investigator plus all expenses. Investigation costs will begin to accrue after a court issues intent to forfeit or when any CO-SIGNER(S) requests the Defendant be placed back in custody or when any condition exists as defined in the bail bond agreement.

I understand that if the bail is ordered forfeited by the court, that I am responsible to pay court costs and reasonable appearance fees ( a minimum of \$100.00) for the bail agency to reinstate or exonerate the bail bond if necessary. I understand that if the court requires a receipt of surrender for the exoneration of a bond that I am responsible for the cost of said receipt of surrender. The fee for said receipt is \$50.00 per bond, per surrender.

I understand that if I breach the bail bond agreement, by non-payment or any other action as defined by the bail agreement, I am responsible for any collection action taken, including attorney fees and costs. Attorney fees are a minimum of \$100.00 per hour. If any collection action needs to be taken a minimum fee of \$50.00. I will also be responsible for any extradition expenses that may incur as a result of the Defendant's failure to appear in court.

I understand that substitution of collateral is done at the discretion of the surety and bail bonding agency. I understand that it is my responsibility to request the return of any collateral provided. There may be a delay of return of collateral until the bail agency has researched the exoneration date and verified the bail bond status with the appropriate court. Collateral will be return 30 days upon request. All requests must be submitted in writing for collateral refund.

I declare that all the statements made on the application and financial statement is true. I agree to notify the bail agency, within 48 hours of any changes, including but not limited to any changes of address or employment of either myself or the criminal Defendant.

**\*\*\*\*\* Defendant must sign in within 24 hours of release !!!\*\*\*\*\***

**MY ELECTRONIC SIGNATURE CONFIRMS: I HAVE READ and I UNDERSTAND AND AGREE WITH THE ABOVE DECLARATIONS.**

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**TERMS AND CONDITIONS OF BOND RELEASE**

1. MITCHELL BAIL BOND SERVICES/Mitchell Bail Bonds, as SURETY, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and Mitchell Bail Bond Services/Mitchell Bail Bonds shall have the right to apprehend, arrest, and surrender Defendant to proper officials at any time as provided by law and Defendant shall have no right to any refund of premium.
2. It is understood and agreed that the happening of any one of the following events shall constitute a breach of Defendant's & Cosigner's obligation to Mitchell Bail Bond Services/Mitchell Bail Bonds hereunder are:
  - a. If Defendant shall depart the jurisdiction of the court without the written consent of the court and Mitchell Bail Bond Services, or it's AGENT.
  - b. If Defendant shall move from one address to another without notifying Mitchell Bail Bond Services or its AGENT in writing prior to said move. If the defendant shall change his / her phone number or employment without notifying the office.
  - c. If Defendant is arrested and incarcerated for any offense other than a minor traffic violation.
  - d. If Defendant or Cosigner shall make any material false statement in the application.
  - e. If Defendant fails to check in every week by ◇ phone◇ in person◇ mobile app. Mobile app users must download the app called "**BAILBOOKS DEFENDANT APP**" and check in three (3) times a week by taking a selfie. Check in status is based on various factors and is subject to change.

**MANDATORY CHECK IN EVERY TUESDAY IF PHONE OR IN PERSON CHECKIN!!**

**WE ARE OPEN 24 HOURS!!**

3. If Defendant fails to make every court appearance and call the office after court to notify Mitchell Bail Bonds of the outcome of said court date. **The first court date is scheduled for** \_\_\_/\_\_\_/\_\_\_ **Court Room** \_\_\_\_\_
4. If Defendant /Cosigner fail to make payments in the amount agreed upon on the Disclosure Statement. **Defendants first payment will be due** \_\_\_/\_\_\_/\_\_\_. (\$15.00 will be assessed for late or impartial payments).
5. If Defendant is detained in Federal Custody or has some type of Immigration Hold in place, or on Parole or Out of County hold or remanded without bond.

MY ELECTRONIC SIGNATURE CONFIRMS I HAVE READ AND I UNDERSTAND AND AGREE WITH THE ABOVE CONDITIONS.

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**DISCLOSURE STATEMENT**

\_\_\_\_\_ / \_\_\_\_\_  
DEFENDANT NAME SID # DATE OF BIRTH

\_\_\_\_\_ / \_\_\_\_\_  
CASE # POWER # CHARGE COURT BOND AMOUNT

\_\_\_\_\_ / \_\_\_\_\_  
CASE # POWER # CHARGE COURT BOND AMOUNT

\_\_\_\_\_ / \_\_\_\_\_  
CASE # POWER # CHARGE COURT BOND AMOUNT

**X** \_\_\_\_\_ **X** \_\_\_\_\_ DEFENDANT'S INITIALS

PERSON MAKING BOND (Cosigner Printed Name)

PREMIUM TO BE CHARGED	DOWN PAYMENT APPLIED	2 <sup>ND</sup> DOWN PMT & DUE DATE (IF ANY)	BALANCE REMAINING	# OF PAYMENTS	OCCURRENCE OF PAYMENTS	AMOUNT OF EACH PAYMENT TO BE MADE	PAYMENT START DATE
\$	\$	\$	\$		<input type="checkbox"/> ONE TIME <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI - WEEKLY	\$	/ /

**NOTE: \$15.00 FEE WILL BE ASSESSED ON ALL LATE OR PARTIAL PAYMENTS**

PROPERTY/MONEY HELD AS SECURITY:  CASH  CREDIT CARD  HOUSE  LAND  PERSONAL PROPERTY

COLLATERAL AMOUNT NEEDED DOWN: \$ \_\_\_\_\_ ESTIMATED VALUE OF COLLATERAL: \$ \_\_\_\_\_ LEGAL

DESCRIPTION: \_\_\_\_\_

CONDITIONS IN WHICH COLLATERAL WILL BE RETURNED, REQUEST MUST BE IN WRITING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

By signing below, you agree to the terms of this agreement, and have been given a copy of this Disclosure Statement.

**X** \_\_\_\_\_

CO-SIGNER SIGNATURE

DATE

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BAIL BOND COMPANY, PLEASE CALL SHANETTE AT (210) 354-2245 OR CALL THE BAIL BOND BOARD AT 210-335-3933.

THIS ORIGINAL FORM (PAGE 5) WILL BE MAILED TO COSIGNER FOR ORIGINAL SIGNATURES. PLEASE SIGN AND RETURN IT ONCE YOU RECEIVE IT.