

Defendant's Personal Information Sheet				Photo # _____
Defendant Name	Alien Number	Country of Origin		
Home Address	Zip Code	Telephone #	Cell # & Provider	
Race	Sex	D.O.B.	SS #	
Email address	Facebook user name	Twitter		
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 Resident Address (if different)				
Spouse D.L. #	State SS #	Spouse Telephone Number		
Describe Vehicle: Make	Model	Year	Color	
Where Financed Payment Term	Auto Insurance Company Policy #			
Second Car: Make	Model	Year	Color	
Name Nearest Relative:			Telephone #	
Reference 1 Name:	Address	Telephone #		
Reference 2 Name: Telephone #	Address	Telephone #		
Reference 3 Name: Telephone #	Address	Telephone #		
Date:	Defendant's Signature:	Print Name:		

Co-Signer's Personal Information Sheet

Co-Signer's Personal Information Sheet				
Co-Signers Name		Relationship to Defendant		
Home Address		Zip code	Telephone #	Cell # & Provider
Race	Sex	D.O.B.	SS #	
Driver's License #		State		
Email address		Facebook user name	Twitter	
Employer Name	Work #	Employer Address	How Long	Supervisor
Marital Status	Significant Other Name		How Long Together	
Spouse Resident Address (if different)				
Spouse D.L. #	State	SS #	Spouse Telephone Number	
Spouses Employer Name	Telephone #	Employers Address	How Long?	Supervisor
Describe Vehicle: Make		Model	Year	Color
Where Financed Payment Term		Auto Insurance Company Policy #		
Second Car: Make		Model	Year	Color
Where Financed Payment Term				
Name Nearest Relative:			Telephone #	
Reference 1 Name:		Address	Telephone #	
Reference 2 Name: Telephone #		Address	Telephone #	
Reference 3 Name: Telephone #		Address	Telephone #	
Date:	Co-signer's Signature:		Print Name:	

CO-SIGNER AGREEMENT CHECKLIST

DATE: ___ BAIL AMOUNT \$ _____ AMOUNT PAID DOWN \$ _____ UNPAID BALANCE \$ _____

Defendant Name _____ D.O.B. _____ Sid # _____

Initial

___/___ 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 credit worthiness. 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 REUNDED**.

___/___ 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) 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.

___/___ 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 rate of \$100.00 per hour per investigator plus all expenses. Investigation costs will begin to accrue after a court issues an 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 \$200.00 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 Defendants 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.

___/___ I declare that all the statements made on the application and financial statement are 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.

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE DECLARATIONS.

COSIGNER SIGNATURE: _____ DEFENDANT SIGNATURE _____

COSIGNER NAME (print) _____ DEFENDANT NAME (print) _____

TERMS AND CONDITIONS OF BOND RELEASE

1. MITCHELL BAIL BOND SERVICES, as SURETY, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right and Mitchell Bail Bond Services shall have the right to apprehend, arrest, and surrender Defendant, and Defendant shall have no right to any refund of premium to apprehend, arrest and surrender the defendant to the proper officials at any time as provided by law.
2. It is understood and agreed that the happening of anyone of the following events shall constitute a breach of defendant's obligation to Mitchell Bail Bonds hereunder, whatsoever. Said events which shall constitute a breach of Defendant's and the Co-Signers obligation hereunder are:
 - a. If Defendant shall depart the jurisdiction of the court without the written consent of the court and Mitchell Bail Bonds, or its AGENT.
 - b. If Defendant shall move from one address to another without notifying Mitchell Bail Bonds, 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 Co Signer shall make any material false statement in the application.
 - e. If Defendant fails to check in every week by either phone or in person.
3. If Defendant fail 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 ___/___/_____.**
4. If Defendant /Co-Signer fail to make payments on time, in the amount agreed upon on the Disclosure form. **Defendants first payment will be due ___/___/_____.** Fees 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.

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE CONDITIONS.

CO-SIGNER'S SIGNATURE _____ PRINT _____ DATE _____

DEFENDANT'S SIGNATURE _____ PRINT _____ DATE: _____

I HAVE EXPLAINED THE ABOVE CONDITIONS AND HAVE GIVEN A COPY OF THESE CONDITIONS TO THE CO-SIGNER

BAIL AGENT _____ DATE _____

I HAVE EXPLAINED THE ABOVE CONDITIONS AND HAVE GIVEN A COPY OF THESE CONDITIONS TO THE DEFENDANT

BAIL AGENT _____ DATE _____

Mitchell Bail bonds Services 1303
w travis, san antonio, Texas 78207 (210) 354-
2245

DISCLOSURE STATEMENT

_____/_____
DEFENDANT NAME SID # Alien Number

CASE # POWER # CHARGE COURT BOND AMOUNT

CASE # POWER # CHARGE COURT BOND AMOUNT

CASE # POWER # CHARGE COURT BOND AMOUNT

PERSON MAKING BOND (Cosigner Printed Name)

REFERAL FEE \$ 0.00

TOTAL BOND FEE: _____ DOWN PAYMENT: _____ BALANCE: _____

PAYMENT ARRANGEMENTS: _____ () WEEKLY () BI-MONTHLY FIRST PAYMENT DUE: _____

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

PROPERTY/MONEY HELD AS SECURITY :

AMOUNT: _____ ESTIMATED VALUE: \$ _____

LEGAL DESCRIPTION:

CO-SIGNER

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

Revised 6/7/13