

"Not Just A Bondsman, But A Friend"

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

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 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 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 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 !!!*******

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

DEFENDANT SIGNATURE: _____

COSIGNER SIGNATURE: _____

DEFENDANT NAME (print): _____

COSIGNER NAME (print): _____