

FINANCIAL CASUALTY & SURETY, INC.

The Bail Insurance Company
P.O. Box 4479 ~ ~ Houston, Texas 77210-4479
3131 Eastside #600 ~ ~ Houston, Texas 77098
877.737.2245 (toll free) • 713.580.6401 (fax)

_____ Date

AGREEMENT FOR SURETY BAIL BOND

Offense _____ Case # _____ Power # _____ Amount _____
Offense _____ Case # _____ Power # _____ Amount _____
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I have read and had explained to me and understand the following terms and conditions of FINANCIAL CASUALTY & SURETY, INC. (hereinafter called FC&S) executing the above Surety Bail Bonds in my behalf:

1. FC&S shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and FC&S as provided by law.

2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to FC&S, and that FC&S and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):

- a. If I depart the jurisdiction of the Court without the written consent of the Court and FC&S, or its Agent.
- b. If I shall move from one address to another or change my phone number without notifying FC&S, and/or its Agent.
- c. If I commit any act, which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
- d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
- e. If I make any material false statement in my Bail Bond Application and Contract with FC&S.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by FC&S for any reason, and I am captured by FC&S, and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.

4. I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize FC&S, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by FC&S, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to FC&S, and/or its Agent.

SIGNATURE OF DEFENDANT DATE OF BIRTH SOCIAL SECURITY NUMBER

PRINTED FULL LEGAL NAME ADDRESS

SIGNATURE OF WITNESS CITY, STATE, ZIP CODE

STATE OF _____ }
COUNTY OF _____ } SS

Sworn to and subscribed before me this _____ day of _____, _____

My Commission Expires: _____

(Personalized Seal)

Notary Public