

**FINANCIAL CASUALTY & SURETY, INC.**

The Bail Insurance Company  
P.O. Box 4479 Houston, TX 77210-4479  
877.737.2245 • Fax 713.580.6401

**RECEIPT AND STATEMENT OF CHARGES**

Receipt No: \_\_\_\_\_

DATE: \_\_\_\_\_

Received of: \_\_\_\_\_

Address: \_\_\_\_\_

Bail Bond Premium \$ \_\_\_\_\_

Expenses, (Itemized in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Misc. Total \$ \_\_\_\_\_

TOTAL CHARGES \$ \_\_\_\_\_

Received on Account \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

Was collateral taken? (YES) (NO) If "YES", collateral receipt no. \_\_\_\_\_

NAME, PHONE NUMBER, AND ADDRESS OF BAIL BOND AGENCY: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

**MEMORANDUM OF BAIL BOND FURNISHED**

Defendant \_\_\_\_\_

Bond No \_\_\_\_\_ Bond Amt \$ \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Charge \_\_\_\_\_

Date Filed \_\_\_\_\_ Date Released \_\_\_\_\_

Date to Appear \_\_\_\_\_ Time \_\_\_\_\_ AM or PM

Case No \_\_\_\_\_

Court \_\_\_\_\_ City \_\_\_\_\_

Received copy of above receipt and Memo

Defendant / Indemnitor / Depositor Signature: \_\_\_\_\_

THANK YOU

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