AGENT NAME/ADDRESS/TELEPHONE

BAIL BOND INFORMATION SHEET

BOND DEFENDANT: _____

POWER OF ATTORNEY NUMBER(S): _____

AS PRINCIPAL (DEFENDANT) AND/OR INDEMNITOR (GUARANTOR) ON A BAIL BOND, YOU MUST BE GIVEN A COPY OF ANY COLLATERAL DOCUMENTS THAT YOU SIGN RELATING TO THE ABOVE BOND(S).

WHEN ALL AGREEMENTS HAVE BEEN FULFILLED AND BOND IS DISCHARGED IN WRITING BY THE COURT, AND WITHOUT LOSS EXPENSE ON THE BOND(S), YOUR COLLATERAL WILL BE RETURNED TO YOU.

BE AWARE: YOUR COLLATERAL IS AT RISK IF THE PRINCIPAL FAILS TO APPEAR IN COURT OR IF THE PRINCIPAL COMMITS ANY BREACH (VIOLATION) OF AGREEMENT.

ANY OF THE FOLLOWING HAPPENINGS IS A BREACH OF AGREEMENT:

1. If principal fails to appear in court;
2. If principal shall depart the jurisdiction of the court without the written consent of the court and the Surety, or its agent;
3. If principal shall move from one address to another without notifying the Surety, or its Agent, in writing, prior to said move;
4. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of the bond(s);
5. If principal is arrested and incarcerated for any offence other than a minor traffic violation;
6. If principal shall make any material false statement in the application;
7. If principal shall violate any special restriction or condition of the bond(s) imposed by the Court.

FOR GENERAL INFORMATION REGARDING YOUR COLLATERAL, CONTACT THE AGENT AS SHOWN ON THE TOP OF THIS SHEET. **FOR FURTHER INQUIRY/COMPLAINT, CONTACT**

Bail Bond Administrator
Florida Insurance Dept.
200 East Gaines Street
Tallahassee, FL 32399-0300 Phone: 850-413-3136

PRINCIPAL/INDEMNITOR ACKNOWLEDGMENT

I/WE HAVE RECEIVED A COPY OF THIS INFORMATION SHEET. I/WE HAVE RECEIVED A COPY OF ALL COLLATERAL DOCUMENTS THAT I/WE SIGNED REGARDING THE ABOVE BOND(S).

SIGN: _____ SIGN: _____

SIGNED ORIGINAL TO AGENT'S BOND FILE
COPY TO DEFENDANT AND EACH INDEMNITOR

******* READ CAREFULLY *******