	Plain Talk Contract
Insurance Company  B A I L B D N D S	Contract Date
	Power#
	Bond Amount
	Premium Amount
I understand that in signing this bond for obtaining the release of the defendant	
that I am responsible for him/her appearing in Court each time he/she is so ordered; also, if he/she fai]s to folJow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand that I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such forfeiture occurs and the defendant is not surrendered to the Court within the time prescribed by law, I understand that I am required to pay FULL AMOUNT of the bond posted. including any unpaid bail premium.	
I Further understand that the premium owing and/or paid on this bond is fully earned upon release of the defendant from custody. The fact that the defendant may have been improperly arrested, or his/her bail reduced, or his/her case dismissed, shall not obligate the return or forgiveness of any portion of the premium.	
IMPORTANT NOTICE:	
There is a waiting period of approximately 30 days from the date the bond is exonerated before collateral can be returned. WE MUST receive written notice from the Clerk of Court. I am not a paid signer. I have no connection with the Bail Consultant. I have read the above contract and understand it, and agree to fulfil] ALL of the provisions therein.	
I/we hereby acknowledge the authority of the bail to arrest the defendant at any time and at any place and therefore specifically and irrevocably grant the bail permission and authority to enter and search upon any and all real property and chattel that is or reasonably by the bail to be under possession, control or occupancy at anytime for such purpose.	
The defendant is required to attend a post custody interview. Failure to comply with the requirement will subject the defendant to arrest and surrender to custody. Breach of the above and surrender by the surety after arraignment of the defendant will forfeit all rights of premiums paid.————————————————————————————————————	

Signed: Defendant Indemnitor Indemnitor Indemnitor Indemnitor

Agent: \_\_\_ ~----~~

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