



_____ Date _____

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

_____ My Commission Expires _____

_____ Notary Public _____

APPENDIX C

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Statement of Bail and Payment Received

NAME OF COMPANY, ADDRESS, CITY, STATE, ZIP CODE (AREA CODE) PHONE NUMBER XX__001

Date: _____ Agent: _____ Bond # _____

Arrestee: _____ DOB: _____
Last First Middle

Date & Time of Arrest: _____ A.M./P.M. Date & Time of Release _____ A.M./P.M.

Court: _____ Appearance Date & Time: _____ A.M./P.M.

Charges _____ Amount of Bail _____

_____ Premium _____

Collateral: NO YES Collateral Receipt # _____ Filing Fee _____

Arrestee: _____ State Fee _____

Agent: _____ TOTAL _____

Co-Signer _____ Amount Paid _____

Co-Signer _____ Balance Due _____