

**APPENDIX "I"**

**AUTHORIZATION BY SURETY TO ARREST DEFENDANT ON BAIL BOND**

TO ALL PERSONS, be it known, that \_\_\_\_\_ (Name of Company) \_\_\_\_\_, hereinafter referred to as Grantor, does hereby make and grant a limited and specific power of attorney to \_\_\_\_\_ hereafter referred to as the person designated to apprehend the defendant on bail, and appoint and constitute said individual to act as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following act(s) on my behalf to the same extent as if I had done so personally, or as I might do, or could do, if personally present, and I am hereby ratifying and confirming all acts said Agent will do or cause to be done by virtue thereof.

The authority granted shall consist of only the following acts:

To locate, apprehend and take into lawful custody the individual(s) known to me as \_\_\_\_\_ and \_\_\_\_\_ [who absconded/who may abscond] from the contractual agreement of a lawfully and duly executed bail bond filed by said Grantor with the [District/Circuit] Court of \_\_\_\_\_ in the [City/Town] of \_\_\_\_\_ in the County of \_\_\_\_\_ and in the State of Arkansas whereby said individual's/individuals' failure to appear [did/will] cause forfeiture of the bail bond posted with said Court by Grantor.

This Limited Power of Attorney shall become null and void after the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ or by written revocation being properly officiated, with notification of said revocation being received by the person designated to apprehend the defendant on bail via certified mail, return receipt requested.

\_\_\_\_\_  
(Corporate Officer, Partner or Sole Proprietor) Grantor

STATE OF ARKANSAS                    )  
  )ss  
County of \_\_\_\_\_)

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_, known to me, who personally appeared before me this date and signed or acknowledged the foregoing Limited Power of Attorney as his/her free act and deed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_