

**AGREEMENT FOR SURETY BAIL BOND**

Offense \_\_\_\_\_ Case # \_\_\_\_\_ Power # \_\_\_\_\_ Amount \_\_\_\_\_

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I have read and explained to me and understand the following terms and conditions of **FAIRMONT SPECIALTY INSURANCE COMPANY** (hereinafter called **FAIRMONT**) executing the above listed Surety bail bonds on my behalf:

1. **FAIRMONT** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and **FAIRMONT** as provided by law.

2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **FAIRMONT** and that **FAIRMONT** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):

- a. If I depart the jurisdiction of the Court without the written consent of the Court and **FAIRMONT**, or its Agent.
- b. If I shall move from one address to another or change my phone number without notifying **FAIRMONT**, and/or its Agent.
- c. If I commit any act which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
- d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
- e. If I make any material false statement in my Bail Bond Application and Contract with **FAIRMONT**.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **FAIRMONT** for any reason, and I am captured by **FAIRMONT** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as necessary to effect such return.

4. I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **FAIRMONT**, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including but not limited to Social Security records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **FAIRMONT**, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to **FAIRMONT**, and/or its Agent.

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PRINTED FULL LEGAL NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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