



# RECEIPT and STATEMENT BALANCE OF CHARGES

CONTROL NO. \_\_\_\_\_

The North River Insurance Company  
10777 Westheimer Road, Suite 500 (77042)  
P.O. Box 2807 • Houston, Texas 77252-2807  
(713) 954-8100 • (713) 954-8389 FAX

Received from:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Expenses (itemized in detail, such as Guard Fees, Recording Fees, Notary Fees, Long  
Distance Calls, Telegrams, Travel and other actual, unusual expenses.)

POWER NUMBER	
Previous Balance	\$ _____
Premium	\$ _____
Misc. Charges	\$ _____
Total Charges	\$ _____
Received on Acct.	\$ _____
Balance	\$ _____

MEMORANDUM OF BAIL BOND FURNISHED (MUST BE COMPLETED)

DEFENDANT \_\_\_\_\_ D.O.B \_\_\_\_\_

APPEARANCE DATE \_\_\_\_\_ TIME \_\_\_\_\_ COURT \_\_\_\_\_ CITY \_\_\_\_\_

CASE NO. \_\_\_\_\_ CHARGES \_\_\_\_\_ BOND AMOUNT \$ \_\_\_\_\_

POSTED FOR \_\_\_\_\_ DATE EXECUTED \_\_\_\_\_ STATE EXECUTED \_\_\_\_\_

REWRITE BOND NO. \_\_\_\_\_ ORIGINAL AMOUNT \$ \_\_\_\_\_ Received Copy of Above Receipt \_\_\_\_\_