

# APPEARANCE BOND APPLICATION AND INDEMNITY AGREEMENT

☐ **ABC BAIL BONDS (THE SURETY FOR THIS BOND)**  
1280 West Third Street, Cleveland, OH 44113 216-696-4866

☐ **BIG DAWG BAIL BONDS (THE SURETY FOR THIS BOND)**  
421 North Michigan Street, Toledo, OH 43604 419-244-4445

## THIS SECTION FOR AGENT/AGENCY USE ONLY -- DO NOT WRITE IN THIS SECTION

Defendant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Bond Power Number: \_\_\_\_\_ Date Posted: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Charge for Posting Bond: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_ Charge for Court Fees: \_\_\_\_\_

Appearance Court: \_\_\_\_\_ Total Charges: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Executing Agent: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Defendant Charges: \_\_\_\_\_

## IMPORTANT INFORMATION -- PLEASE READ THE FOLLOWING CAREFULLY

**THE PARTIES AGREE THAT THIS APPEARANCE BOND IS CONDITIONED UPON FULL COMPLIANCE OF THE FOLLOWING TERMS AND CONDITIONS HEREINUNDER. THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE. ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH THE INTENT TO DEFRAUD OR KNOWS THAT THE DEFENDANT IS FACILITATING A FRAUD AGAINST AN INSURER, IS GUILTY OF INSURANCE FRAUD.**

1. Surety (Bail Bond Company) shall have control and jurisdiction over the bonded defendant during the entire time that this bond is in effect and the Surety shall have the right to apprehend, detain, arrest and surrender to the appropriate authorities at any time.
2. In the event that this Surety (Bail Bond Company) successfully files a bond and defendant is NOT released from custody due to a "hold" or "want" by any other law enforcement authorities in the manner of warrants and/or other charges in any federal, state, county or local courts or other jurisdictions unrelated to the bond sought in this application with any court, agency, jail or police department having custody of the named defendant, it is understood and agreed by the undersigned parties that this Surety has fully performed its obligations of posting this bond sought by the undersigned Indemnitor(s) thereby fulfilling the Surety's obligation to post said bond. Having done such, the defendant nor the Indemnitor(s) shall not have any right to any refund of any bond premiums or court fees paid to the Surety (Bail Bond Company).
3. Charges for withdrawing bond. In the event that the Indemnitor(s) complete and execute this Appearance Bond Application and Indemnity Agreement and then pay to the Surety (Bail Bond Company) the full amount of the premium or a portion thereof and then the Indemnitor subsequently decides not to post the bond then the Surety (Bail Bond Company) shall be entitled to, and the Indemnitor(s) agree to pay, an administrative processing fee equal to ten percent (10%) of the total bond amount or \$150.00 which ever is the lesser amount plus any additional costs incurred by the Surety (Bail Bond Company) in preparation of documents and assistance in anticipation of posting the Bond.
4. Payment Plans. In the event that the Indemnitor(s) enter into a Promissory Note facilitating a payment plan agreement with the Surety (Bail Bond Company) required in connection with this Bond, the Indemnitor(s) agree to make all payments as agreed. If Indemnitor(s) default on the payment agreement then the entire amount still owed shall become immediately due and payable upon notice of default to the Indemnitor(s).
5. The Indemnitor(s) shall insure that the Defendant is present at all Court proceedings required in connection with the Bond as ordered by the Court.
6. It is understood and agreed that if any one or a combination of any of the following shall occur, it would constitute a breach of the defendant's obligations to the Surety (Bail Bond Company) and the Surety shall have the right to forthwith apprehend, detain, arrest and/or surrender the defendant. The defendant nor the Indemnitor(s) have no right to any refund of any bond premiums or court fees paid to the Surety.
  - (A) If the defendant departs the jurisdiction of the Court without the written consent of the Court and the Surety, or its agent.
  - (B) If the defendant moves from one address to another address without notifying the Surety or its agent in writing prior to moving.
  - (C) If the defendant commits any act which constitutes reasonable evidence of defendant's intention to cause a forfeiture of this bond.
  - (D) If the defendant is arrested and incarcerated for any offense other than a minor traffic offense.
  - (E) If the defendant and/or Indemnitor(s) make any false or misleading statement(s) either verbally or in this application.
  - (F) If the defendant fails to comply with any or all of these conditions or in the event that any Court declares a forfeiture of this bond, the Indemnitor(s) agree to aid in the capture of the defendant. Upon demand of the Surety (Bail Bond Company) the Indemnitor(s) agree to immediately pay to the Surety (Bail Bond Company) the full amount of the bond if a forfeiture of the bond is declared by any Court in addition to all costs, fees, legal fees, penalties, costs of recovery and extradition of the defendant.

**FAILURE TO COMPLY WITH TERMS AND CONDITIONS CONTAINED IN THIS APPEARANCE BOND APPLICATION WILL RESULT IN THE REVOCATION OF THIS BOND AND A WARRANT SHALL BE ISSUED FOR THE DEFENDANT'S ARREST.**

INDEMNITOR'S NAME PRINTED \_\_\_\_\_

INDEMNITOR'S SIGNATURE \_\_\_\_\_

**INFORMATION ABOUT THE DEFENDANT (PERSON IN JAIL SEEKING BOND)**  
**PLEASE PRINT ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED**

LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER		BIRTHPLACE (COUNTRY, CITY & STATE)
STREET ADDRESS		LENGTH OF TIME LIVING AT THIS ADDRESS	
CITY		STATE	ZIP CODE
<input type="checkbox"/> OWN THIS HOME <input type="checkbox"/> RENT THIS HOME <input type="checkbox"/> LIVE WITH INDEMNITOR <input type="checkbox"/> LIVE WITH PARENTS/ RELATIVES/ FRIENDS			
MOBILE (CELL) TELEPHONE NUMBER		HOME OR OTHER TELEPHONE NUMBER	
E-MAIL ADDRESS		FACEBOOK ACCOUNT NAME	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE            RACE: <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> _____			
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
TATTOOS, SCARS, BIRTHMARKS			
DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER		ISSUING STATE	EXPIRATION DATE
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR    LICENSE PLATE NUMBER & STATE
EMPLOYER		OCCUPATION/TRADE/PROFESSION/POSITION	
EMPLOYER STREET ADDRESS		HOW LONG EMPLOYED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE	EMPLOYER TELEPHONE NUMBER
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> PARTNERED    _____			
SPOUSE'S LAST NAME		SPOUSE'S FIRST NAME	TELEPHONE NUMBER
MOTHER'S LAST NAME		MOTHER'S FIRST NAME	MIDDLE INITIAL
MOTHER'S ADDRESS		MOTHER'S TELEPHONE NUMBER	
MOTHER'S CITY		MOTHER'S STATE	MOTHER'S ZIP CODE
FATHER'S LAST NAME		FATHER'S FIRST NAME	MIDDLE INITIAL
FATHER'S ADDRESS		FATHER'S TELEPHONE NUMBER	
FATHER'S CITY		FATHER'S STATE	FATHER'S ZIP CODE

COURT ORDERED BOND CONDITIONS:   
☐ ELECTRONIC MONITORING   
☐ NO CONTACT WITH VICTIM   
☐ SURRENDER PASSPORT

*I, THE UNDERSIGNED DEFENDANT, ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS ALL OF THE TERMS AND CONDITIONS AS SET FORTH HEREIN ON PAGES 1, 2, 3 AND 4 PRINTED ON THIS APPEARANCE BOND APPLICATION AND INDEMNITY AGREEMENT AND THAT THE UNDERSIGNED DEFENDANT AGREES TO THE TERMS AND CONDITIONS PRINTED HEREIN. THE UNDERSIGNED INDEMNITOR (SIGNER) STATES THAT ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE AND THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED IN THIS APPLICATION AND AGREEMENT IS A FELONY OFFENSE SUBJECT TO PENALTY OF PERJURY.*

DEFENDANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**INFORMATION ABOUT THE INDEMNITOR (PERSON RESPONSIBLE FOR THIS BOND)**  
**PLEASE PRINT ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED**

LAST NAME _____		FIRST NAME _____	MIDDLE NAME _____
DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____		BIRTHPLACE (COUNTRY, CITY & STATE) _____
STREET ADDRESS _____		HOW LONG _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
CITY _____	STATE _____	ZIP CODE _____	
MOBILE (CELL) TELEPHONE NUMBER _____		HOME OR OTHER TELEPHONE NUMBER _____	
E-MAIL ADDRESS _____		FACEBOOK ACCOUNT NAME _____	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE: <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> _____	
HEIGHT _____	WEIGHT _____	EYE COLOR _____	HAIR COLOR _____
YOUR RELATIONSHIP TO THE DEFENDANT _____		HOW LONG HAVE YOU KNOWN THIS DEFENDANT _____	
DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER _____		ISSUING STATE _____	EXPIRATION DATE _____
EMPLOYER _____		OCCUPATION/TRADE/PROFESSION/POSITION _____	
EMPLOYER STREET ADDRESS _____		HOW LONG EMPLOYED _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
EMPLOYER CITY _____	EMPLOYER STATE _____	EMPLOYER ZIP CODE _____	EMPLOYER TELEPHONE NUMBER _____
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> PARTNERED _____			
SPOUSE'S LAST NAME _____		SPOUSE'S FIRST NAME _____	TELEPHONE NUMBER _____

**CAREFULLY READ EACH OF THE FOLLOWING STATEMENTS THEN WRITE YOUR INITIALS IN EACH OF THE SIX BOXES BELOW:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I AM AWARE AND AGREE THAT I AM FULLY RESPONSIBLE FOR THE ENTIRE AMOUNT OF THIS BOND IF THE DEFENDANT FAILS TO APPEAR IN COURT AND THE JUDGE ORDERS THIS BOND FORFEITED.  |
| <input type="checkbox"/> | I AM AWARE AND AGREE THAT ONCE THIS BOND IS POSTED BUT THE DEFENDANT IS NOT RELEASED BECAUSE OF A WANT, HOLD OR WARRANT ELSEWHERE, KNOWN OR UNKNOWN TO ME, I AM NOT ENTITLED TO A REFUND OF ANY MONEY PAID.          |
| <input type="checkbox"/> | I AM AWARE AND AGREE THAT I AM FULLY RESPONSIBLE FOR THE ENTIRE AMOUNT OF THIS BOND UNTIL THE DEFENDANT'S CASE IS FULLY RESOLVED AND THE CASE IS COMPLETELY FINISHED.  |
| <input type="checkbox"/> | I AM AWARE AND AGREE THAT IF I ENTER INTO A PAYMENT PLAN FOR BOND PREMIUM NOT YET PAID, I UNDERSTAND THAT I AM STILL RESPONSIBLE TO CONTINUE PAYMENTS AS AGREED EVEN IF THE DEFENDANT'S CASE IS COMPLETELY FINISHED. |
| <input type="checkbox"/> | EVEN IF THE DEFENDANT MAY HAVE BEEN IMPROPERLY ARRESTED, THE BAIL REDUCED OR THE DEFENDANT'S CASE IS DISMISSED, I AM AWARE AND AGREE THAT THERE SHALL BE NO RETURN OR FORGIVENESS OF ANY PORTION OF THE PREMIUM.     |
| <input type="checkbox"/> | I AGREE TO IMMEDIATELY NOTIFY THIS BAIL BOND COMPANY OF ANY CHANGES REGARDING MY PERSONAL INFORMATION INCLUDING NAME CHANGE, ADDRESS CHANGE, TELEPHONE CHANGE AND CHANGE OF EMPLOYMENT.                              |

ADDITIONAL CONDITIONS OR COMMENTS: \_\_\_\_\_

I, THE UNDERSIGNED INDEMNITOR, ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS ALL OF THE TERMS AND CONDITIONS AS SET FORTH HEREIN ON PAGES 1, 2, 3 AND 4 PRINTED ON THIS APPEARANCE BOND APPLICATION AND INDEMNITY AGREEMENT AND THAT THE UNDERSIGNED DEFENDANT AGREES TO THE TERMS AND CONDITIONS PRINTED HEREIN. THE UNDERSIGNED INDEMNITOR (SIGNER) STATES THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND AGREEMENT IS A FELONY OFFENSE SUBJECT TO PENALTY OF PERJURY.

INDEMNITOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**REFERENCES KNOWN TO THE DEFENDANT OR THE INDEMNITOR**  
**PLEASE PRINT ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED**

**REFERENCE NO. 1**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP TO: ☐ DEFENDANT OR ☐ INDEMNITOR  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME TELEPHONE NUMBER \_\_\_\_\_ MOBILE (CELL) TELEPHONE NUMBER \_\_\_\_\_

**REFERENCE NO. 2**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP TO: ☐ DEFENDANT OR ☐ INDEMNITOR  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME TELEPHONE NUMBER \_\_\_\_\_ MOBILE (CELL) TELEPHONE NUMBER \_\_\_\_\_

**ACKNOWLEDGEMENT**

**WARNING:** By signing this Appearance Bond Application and Indemnity Agreement you, the Indemnitor (Signer), are assuming specific legal obligations. Be sure to read all four (4) pages of this instrument in full before signing and assuming such obligations. By signing, you are responsible for the defendant until he/she is either released by the Court and/or sentenced. In addition, by signing this Agreement you are acknowledging that you will be held responsible for any legal expenses, fees for recovery of the defendant as well as any costs incurred for the recovery of the defendant including, but not limited to, fees from Agents, extradition fees, travel fees and any other fees and expenses related to the recovery of the defendant.

**HOLD HARMLESS AGREEMENT**

The undersigned applicant(s) herein referred to as "Indemnitor(s)" absolutely, unconditionally and irrevocably agree to indemnify and hold this Surety (Bail Bond Company), its Agents, Employees, Officers and Shareholders from whom this bond is issued harmless from and against any and all claims, depends, liabilities, losses, costs, refunds, damages, charges, suits, orders from any third parties, disbursements and expenses of every type, nature and description whatsoever including but not limited to reasonable attorney fees, detective fees, costs and expenses resulting from actions undertaken by this Surety (Bail Bond Company) or its Agents in the enforcement or attempted enforcement of this Surety (Bail Bond Company) rights under this Appearance Bond Application and Indemnity Agreement and/or any bonds issued hereunder.

The undersigned Indemnitor(s) further agree that in the event that any Court holds or seizes money, property or other assets delivered by the Indemnitor(s) under this bond for payment of fines, court costs, restitution, other costs, attorney fees, changes in court ordered bond conditions or any Court delays, then immediately upon any such court taken such action(s), the Surety (Bail Bond Company) and its Agent shall be deemed to have suffered a loss as a result of the aforementioned court action(s), thereby giving this Surety (Bail Bond Company) and its Agent immediate rights of indemnity against you, the undersigned Indemnitor (Signer), as provided herein.

You, the undersigned Indemnitor (Signer), expressly covenant and agree that your obligations and liability contained in this Appearance Bond Application and Indemnity Agreement and any Bond issued hereunder are joint and several and that this Surety (Bail Bond Company) and or its Agent have immediate rights of indemnity against you, the undersigned Indemnitor (Signer) as this Surety (Bail Bond Company) and/or its Agent, acting in their sole and absolute discretion, shall determine.

**PRIVACY NOTICE AND DISCLOSURE**

To protect your privacy interest you are advised of the following: We may gather information from you necessary to conduct the business of this Surety (Bail Bond Company) with you, the undersigned Indemnitor (Signer) or those immediately related to this transaction. This may include, but is not limited to, any information related to your credit worthiness. You, the undersigned Indemnitor (Signer), hereby grant your permission to permit this Surety (Bail Bond Company) obtain credit reports, employment information and verify your income, bank accounts, savings account, investment stocks, investment bonds, certificates of deposits and any other assets you own including your home and other titled property including, but not limited to, automobiles to be considered as collateral security to guarantee the entire face value of this Bond. We will not disclose such gathered information and the information by you in this Appearance Bond Application and Indemnity Agreement without your expressed written consent except as allowed by law. You have the right to refuse such information gathering by simply deciding not to go forward with this transaction.

IN WITNESS THEREOF, the undersigned Indemnitor having fully read this Appearance Bond Application and Indemnity Agreement hereby executes this Appearance Bond Application and Indemnity Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

INDEMNITOR'S NAME PRINTED \_\_\_\_\_

INDEMNITOR'S SIGNATURE \_\_\_\_\_

SURETY AGENT OR WITNESS NAME PRINTED \_\_\_\_\_

SURETY AGENT OR WITNESS SIGNATURE \_\_\_\_\_

# Cognovit Note

\$\_\_\_\_\_ bond in \_\_\_\_\_ Court \_\_\_\_\_, Ohio on this  
day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_. After date, for value received, the undersigned jointly and severally promise to pay to  
the order of Dawg Town Inc. D.B.A ABC Bail Bonds (Cleveland, Ohio) the sum of \_\_\_\_\_ dollars,  
with the interest from the date hereof at the rate of **10%** per annum payable \_\_\_\_\_.

*In the event of non-payment of any principle or interest hereunder when due, the entire balance of principle then remaining unpaid with accrued interest thereon, shall at once become due and payable at the option of the holder without notice or demand.*

*The maker(s) and endorser(s) hereof hereby authorize any attorney at law to appear in any court of record of the State of Ohio or any other state of the United States at any time after his note has become due, whether by acceleration or otherwise, and to waive the issuing and service of process and confess a judgment in favor of the legal holder hereof against the maker(s) and endorser(s) or either or anyone or more of them, for the amount of principal and interest then appearing due on this note, together with the cost of suit and to release all errors and waive all right of appeal. If the holder hereof obtains such judgment by confession against any maker or endorser hereof, then so long as such judgment exists such holder, and the successors and assigns thereof, hereby waive any right in respect to such a judgment to file a Certificate of Judgment for Lien, or take any court action, if either would result in the acquisition of a security interest in the principle residence of such maker or endorser.*

*The maker(s) and endorser(s) hereof hereby waive presentment, demand, notice of dishonor, protest and notice of non-payment and protest.*

**WARNING:** By signing this paper you give up your right to notice and court trial. If you do not pay on time a court judgment may be taken against you without your prior knowledge and the powers of the court can be used to collect from you and your employer regardless of any claims you may have against the creditor whether for returned goods, faulty goods, failure on his part to comply with the agreement, or any other cause.

Defendant: \_\_\_\_\_ Indemnitor 1: \_\_\_\_\_

Case #: \_\_\_\_\_ Indemnitor 2: \_\_\_\_\_

Agent: \_\_\_\_\_ Indemnitor 3: \_\_\_\_\_

Form revised: 102/10/14

Dawg Town Inc. D.B.A ABC Bail Bonds  
1280 W. 3<sup>rd</sup> St. 1<sup>st</sup> Floor  
Cleveland, Oh 44113

P: 216-696-4866  
F: 216-696-1067

# PROMISSORY NOTE & CREDIT TERMS FOR ADDITIONAL FUTURE PAYMENTS

☐ **ABC BAIL BONDS (THE SURETY FOR THIS BOND)**  
1280 West Third Street, Cleveland, OH 44113 216-696-4866

☐ **BIG DAWG BAIL BONDS (THE SURETY FOR THIS BOND)**  
421 North Michigan Street, Toledo, OH 43604 419-244-4445

## THIS SECTION FOR AGENT/AGENCY USE ONLY -- DO NOT WRITE IN THIS SECTION

Defendant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Bond Power Number: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_  
Amount of Bond: \_\_\_\_\_ Less Down Payment: \_\_\_\_\_  
Date Posted: \_\_\_\_\_ Remaining Amount Due: \_\_\_\_\_

## IMPORTANT INFORMATION -- PLEASE READ THE FOLLOWING CAREFULLY

**THIS PROMISSORY NOTE IS AN ADDENDUM AGREEMENT TO THE APPEARANCE BOND APPLICATION AND INDEMNITY AGREEMENT THAT I HAVE ALREADY EXECUTED WITH THIS SURETY (BAIL BOND COMPANY) AS IS HEREBY INCORPORATED AS AN ADDITION TO THAT APPEARANCE BOND APPLICATION AND INDEMNITY AGREEMENT. ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH THE INTENT TO DEFRAUD OR KNOWS THAT THE DEFENDANT IS FACILITATING A FRAUD AGAINST AN INSURER, IS GUILTY OF INSURANCE FRAUD.**

On demand, without grace and for value received, I (the Payor) promise to pay to the order of the Surety (Bail Bond Company) as marked and referenced below, the Remaining Premium Amount Due shown above for the above referenced Bail Bond Power in accordance with the terms set out below. If default in any payment occurs, the entire remaining balance becomes immediately due and payable. In the event that a lawsuit is initiated to enforce collection of this Promissory Note or any portion thereof, the undersigned promises to pay such additional sum(s) as the court may order including, but not limited to, attorney fees and costs arising from the lawsuit. I understand that this is an application for a type of credit and I authorize inquiries and reviews of my credit rating and history obtained through credit reporting agencies.

PAYOR'S PRINTED NAME \_\_\_\_\_ PAYOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PAYOR'S ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

With today's payment of \$ \_\_\_\_\_, there remains a balance due of \$ \_\_\_\_\_ to be paid as follows:

- ☐ Weekly. Every week on \_\_\_\_\_ in \_\_\_\_\_ installments of \$ \_\_\_\_\_
- ☐ Bi-Weekly. Every other week on \_\_\_\_\_ in \_\_\_\_\_ installments of \$ \_\_\_\_\_
- ☐ Bi-Monthly. Twice each month on the \_\_\_\_\_ and on the \_\_\_\_\_ in \_\_\_\_\_ installments of \$ \_\_\_\_\_
- ☐ Monthly. Every month on the \_\_\_\_\_ in \_\_\_\_\_ installments of \$ \_\_\_\_\_

**PAYMENTS CAN BE MADE IN PERSON OR BY MAIL AT: ABC BAIL BONDS, 1280 WEST 3RD STREET, FIRST FLOOR, CLEVELAND, OH 44113 OR BY PHONE BY CALLING 216-696-4866**

The first payment of \$ \_\_\_\_\_ is due on \_\_\_\_\_ and the remaining payment amounts and due dates are as follows:

Number	Payment Date	Payment Amount	Number	Payment Date	Payment Amount
1.	_____	_____	7.	_____	_____
2.	_____	_____	8.	_____	_____
3.	_____	_____	9.	_____	_____
4.	_____	_____	10.	_____	_____
5.	_____	_____	11.	_____	_____
6.	_____	_____	12.	_____	_____

## AUTHORIZATION FOR AUTOMATIC CREDIT/DEBIT CARD PAYMENT

☐ I hereby authorize and grant permission to the Surety (Bail Bond Company) as marked and referenced above to process payment(s) in accordance with the payment plan described herein to my credit/debit card below.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Three Digit Security Code \_\_\_\_\_

Name Exactly As Appears on Card \_\_\_\_\_ Phone No. \_\_\_\_\_

Statement Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License or State Identification \_\_\_\_\_ State \_\_\_\_\_ Last Four Digits Social Security No. \_\_\_\_\_

CARDHOLDER'S PRINTED NAME \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Defendant Name: \_\_\_\_\_

Bond Power Number: \_\_\_\_\_ Bond Amount: \$ \_\_\_\_\_

**NO CONTACT INFORMATION**

You are receiving this information because the judge in your case has placed a "No Contact Order" upon you as a condition of your bond. Please read the following definition describing "No Contact":

*No contact means the Defendant cannot write, call, text message, email or use any social media of any kind to try to contact alleged victim. If Defendant is somewhere, even if Defendant has arrived first and the alleged victim shows up, Defendant must leave except in the vicinity of the courtroom where your case is being heard by the court when the alleged victim has been subpoenaed to appear. Defendant may not have any third party contact the victim on behalf of the Defendant. If the alleged victim contacts Defendant, Defendant cannot respond to any contact. A response to a contact initiated by the alleged victim will be a violation of this Order. Failure to comply with this Order will result in the bond being revoked and the Defendant being arrested.*

I (We) have read and fully understand the above information and acknowledge that I (We) have received a copy of this document for reference and my (our) records.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**INDEMNITOR INFORMATION**

As the Indemnitor for the above-named Defendant, I declare that I am not the victim in this case and agree to provide a copy of this information to this Defendant upon the Defendant's release from custody.

\_\_\_\_\_  
Indemnitor's Signature

\_\_\_\_\_  
Date



**Dawg Town Inc. D.B.A ABC Ball Bonds**  
**1280 W. 3<sup>rd</sup> St. 1<sup>st</sup> Floor**  
**Cleveland, Ohio 44113**  
**Office: 216-696-4866**  
**Fax: 216-696-1067**

**10% Bond Waiver**

Date: \_\_\_\_\_

Defendant: \_\_\_\_\_

Court: \_\_\_\_\_

Case #: \_\_\_\_\_

Bond Amount: \_\_\_\_\_

10% Amount: \_\_\_\_\_

I, \_\_\_\_\_ hereby  
acknowledge that I have been fully informed that I have the option of posting ten percent (10%)  
of the bond with the court. By posting a ten percent (10%) bond with the court I **MAY** be  
entitled to receive **UP TO** ninety percent (90%) of my monies back upon case completion and  
provided that the defendant made all of his court appearances.

I am **WAIVING** the option of posting the bond at the court and am choosing to use the  
services of a surety bail bond agent. I acknowledge that the Surety **WILL NOT** refund any  
money paid for the bond.

\_\_\_\_\_  
Indemnitor Print

\_\_\_\_\_  
Indemnitor Sign

\_\_\_\_\_  
Agent/Witness



---

## CONFIDENTIAL AGREEMENT FOR LOCATION SERVICES

(form must be completed and signed to be valid)

This Agreement is made by and between Universal Fire & Casualty Insurance Company (Company) and \_\_\_\_\_ (Client) dated \_\_\_\_/\_\_\_\_/\_\_\_\_ and will serve as express authorization to contract with location technology providers to locate my wireless/cellular device(s) at any time during the period insurance coverage is provided to Client under the policy listed below.

**Important Message from your Cellular Provider (AT&T, Sprint, T-Mobile, Verizon Wireless and others).** This is not a Cellular Provider application. If you use this application, it may require your Cellular Provider to disclose your customer information, including Mobile Phone Location Information, to the application provider, your insurance provider or some other third party. By providing your consent, you authorize your Cellular Provider to disclose your information to third parties to enable this application. Check the application's terms of use and the policies for more information about how the application will collect, access, use or disclose your information. Terms of use and other policies usually are available on the application provider's website. If you aren't comfortable with the application's policies, don't use it. You acknowledge and agree that (1) your relationship with the application provider is separate from your relationship with your Cellular Provider; (2) your Cellular Provider is not responsible for this application; and (3) you will hold harmless your Cellular Provider and its subsidiaries, affiliates, officers, employees, agents, successors and assigns from any judgments, claims, actions, losses, liabilities or expenses arising from or attributable to this application or the acts or omissions of the application provider.

### Terms & Conditions

The parties further acknowledge the following terms and conditions are an integral part of the insurance policy, and to which, are conditioned upon the full compliance of Client for coverage. Said terms and conditions shall be made a part of all policy applications and documents hereto.

1. Company shall use network-based location technologies to find me solely at their discretion.
2. This agreement will serve as the sole notice for the collection of my location information until all insurance policies are finally terminated.
3. Company shall only retain data while the policy is in-force.
4. Company shall only disclose location information with authorized personnel and representatives.
5. **I WILL ONLY** have the option to OPT-OUT of this Location Agreement upon my policy being cancelled by the Company.

### Power of Attorney: CPNI Location Information /Ping Cell Phone

I hereby name Company as my Attorney-in-fact in relation to all wireless telephone subscriber accounts I may hold during the duration of this Agreement. I expressly consent and grant to Universal Fire & Casualty Insurance Company and its agents, full access to any and all location information of my handheld wireless telephones and/or devices that constitutes or may constitute Customer Proprietary Information (CPNI) 47 U.S.C. § 222(a). This shall include Real-Time Geo-locational Pings with CDR Service Records. As a material term and condition of this policy being underwritten through Company and my pre-trial release by and through their underwriting of this insurance policy for my benefit, and, in the event I breach the conditions and covenants of this insurance agreement, I herein expressly consent to the disclosure of my location information to Universal Fire & Casualty Insurance Company (and its agents and representatives) by wireless carriers servicing my wireless device or mobile phone account for purposes of compliance with my insurance policy. I understand that I cannot withdraw this power of attorney until my policy is fully and finally cancelled by Company, and herein expressly represent the same to any wireless or mobile carrier serving my cellular telephone, mobile device, or prepaid mobile telephone.

POLICY NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

POLICY AMT. \_\_\_\_\_

EXECUTION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(client)

SIGNATURE \_\_\_\_\_  
(agent)