



Bail Bond Department
5153 N. Shadeland Ave.
Indianapolis, Indiana 46226-2306
Phone: (317) 254-8721, Fax: (317) 254-1234

PLAIN TALK CONTRACT

Contract
Date: _____

Power No.: _____

Bond Amount: \$ _____

Premium
Amount: \$ _____

I understand that in signing this bond for obtaining the release of the defendant, _____

_____ that I am responsible for him/her appearing in Court each time he/she is so ordered; also, if he/she fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand that I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not surrendered to the Court within the time prescribed by law, I understand that I am required to pay the FULL AMOUNT of the bond posted, including any unpaid bail premium.

I further understand that the premium owing and/or paid on this bond is fully earned upon the release of the defendant from custody. The fact that the defendant may have been improperly arrested, or his/her bail reduced, or his/her case dismissed, shall not obligate the return or forgiveness of any portion of the premium.

IMPORTANT NOTICE:

There is a waiting period of approximately 30 days from the date the bond is exonerated before collateral can be returned. We MUST receive written notice from the Clerk of Court.

I am not a paid signer. I have no connection with a Bail Bond Consultant. I have read the above contract and understand it, and agree to fulfill ALL of the provisions therein.

Signed: _____
DEFENDANT

INDEMNITOR

INDEMNITOR

Agent: _____

Received copy of disclosure statement _____