

BAIL BOND APPLICATION
ALLEGHENY CASUALTY COMPANY
CALABASAS, CALIFORNIA

P. A. Number _____
Bond Amount \$ _____
Date of Execution _____
Agent _____

I hereby apply to you to act as my bail in the _____ Court of _____ County,
State, wherein I am charged with the offense of _____
I understand and agree that you, as my bail, shall have control and jurisdiction of me during the term for which the bond is executed
and that you will have the right to surrender me on this bond at any time that you may desire.

ALL QUESTIONS MUST BE ANSWERED IN FULL, OR DELAY WILL OCCUR. ALL INFORMATION CONFIDENTIAL.

PRINT full name _____
First Name _____ Middle Name _____ Last Name _____
Residence Address _____
PERSONAL DESCRIPTION: Weight _____ Height: _____ Color _____ Color of Eyes _____
Color of Hair _____ Complexion _____ Peculiar Marks _____
Date of Birth _____ Place of birth _____ Social Security No. _____
Draft Registration No. _____ Board No. _____ Place _____ Classification _____
What is your Nick-Name? _____ Occupation _____
What is your Alias or Aliases? _____ Attorney's Name _____
What nationality and race are you? _____ Drivers License No. _____
Married, single, or Widow(er) divorced or separated? _____
Wife's (or Husband's) Name _____
Number of Children _____ Names, ages, addresses _____
How long have you resided here? _____
Previously where? _____
Do you own or rent the house in which you live? _____ From whom _____
Have you ever been convicted of a crime and if so when and where? _____
Make and type of Auto _____ In whose name? _____
When and where did you buy car? _____ Amount owing _____ To whom _____
Do you carry life insurance? _____ What company? _____ Whom payable? _____
Name of Employer _____ Address of Employer _____
Give names of any club, lodge, society, association, fraternal or beneficial organization of which you are a member or officer _____
State how you have been occupied during past ten years, whether employed or not _____

Personal References	Years Known	Occupation	Telephone / Post Office Address

RELATIVES	Father			
	Mother			
	Brother			
	"			
	Sister			
	"			
	Father-in-Law			
	Mother-in-Law			
	Brother-in-Law			
	Cousin			
	NAME	OCCUPATION	Telephone / ADDRESS, CITY, STATE	

Date _____ Picture must accompany each application. _____

PREMIUM ON THIS BOND IS NOT RETURNABLE

Defendant must also sign indemnity agreement. _____

(SEAL) _____ X

CONTINGENT PROMISSORY NOTE

PA No(s). _____.

\$ _____, dated _____.

On Demand after date, for value received,

I/We promise to pay to the order of A HOPE BAIL BONDS LLC.

_____ DOLLARS.

at 800 SOUTH CASINO CENTER BOULEVARD, LAS VEGAS NV 89101, with an interest thereon at the rate of 15 percent, per annum from Call Date until fully paid. Interest paid semiannually. The maker and endorser of this note agrees to waive demand, notice of non-payment and protest; and in case suit shall be brought for the collection hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney's fees and assessable costs for making such collection. Deferred interest payments to bear interest from maturity to 15 percent, per annum, payable semiannually.

It is further agreed and specifically understood that this note shall become null and void in the

event the said defendant _____ shall appear in proper court(s) at the time(s) so directed by the judge or judges of competent jurisdiction until the obligations under the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the surety discharged of all liability there under, otherwise to remain in full force and effect. I hereby certify that I have received a copy of the foregoing instrument.

Indemnitor Name (print): _____

Signature of Defendant: X _____

Signature of Indemnitor: _____ Date: _____

Witness _____ (seal)

Witness _____ (seal)

Additional Terms (if applicable):

Sign: _____

Date: _____

A HOPE BAIL BONDS FEE DISCLOSURE

AS OF OCTOBER 1ST 2003, THE STATE OF NEVADA REQUIRES A 15% PREMIUM CHARGE ON ALL BAIL BONDS. THIS PREMIUM IS NON-REFUNDABLE.

ADDITIONAL FEES ARE AS FOLLOWS. PLEASE READ AND INITIAL EACH ITEM:

Co-signer, Defendant

(initials 1-8 please)

1. _____, x _____, VOIDED BONDS \$100.
2. _____, x _____, FORFEITURE NOTICES FOR FAILURE TO APPEAR \$450.
3. _____, x _____, LOCAL PICKUPS \$1000 OR 10%; WHICHEVER IS GREATER.
4. _____, x _____, INVESTIGATIONS \$150 PER HOUR.
5. _____, x _____, IN-CUSTODY SURRENDERS \$450.
6. _____, x _____, OUT OF STATE PICKUPS ARE AT LEAST 20% OF THE
BOND, UP TO 2 TIMES THE BOND AMOUNT, PLUS EXPENSES.
7. _____, x _____, ALL DEFENDANTS MUST COMPLETE PAPERWORK WITHIN 24
HOURS OF RELEASE OR PAY A LATE FEE OF \$50 PER DAY.
8. _____, x _____, THERE IS A 15% ANNUAL FEE IF THE BOND IS HELD ACTIVE BY
THE COURT FOR MORE THAN A YEAR.

I HEREBY CERTIFY THAT I HAVE READ THE APPLICABLE FEES AND TAKE FULL RESPONSIBILITY FOR THE DEFENDANT'S COMPLIANCE WITH ALL CONDITIONS OF THE BOND AND WILL PAY ALL FEES FOR NON-COMPLIANCE. I UNDERSTAND THAT I AM LIABLE FOR THE DEFENDANT'S APPEARANCE AT ALL COURT DATES IN THIS CASE.

x _____
Defendant

Date

Indemnitor

Date

Indemnitor

Date

On this _____ day of _____, 20_____, before me personally
Came _____ and/or

_____,
To be known to me to be the individual(s) described in, who executed the forgoing and who duly acknowledged to me that they executed the same. Subscribed and sworn before me, a Notary of this state.

NOTARY

INDEMNITY AGREEMENT

A HOPE BAIL BONDS

Relationship: _____ 800 South Casino Center Blvd.
True Name: _____ DOB: _____ Las Vegas, NV 89101
Address: _____ Apt. # _____ (702) 825-2245
City: _____ State: _____ Zip: _____ Buying Renting
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Occupation: _____ Employed By: _____ How long? _____
Employers Address: _____ City: _____ State: _____ Zip: _____
SS# _____ - _____ - _____ Drivers Lic #: _____ Issuing State: _____
Name of Spouse: _____ Spouse's DOB: _____
Spouse SS# _____ - _____ - _____ Spouse Drivers Lic #: _____ Issuing State _____
Spouse Employer _____ How long? _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Reference: _____ Address: _____ Phone: _____

Whereas, Allegheny Casualty Company _____ (herein called the SURETY) at the request of the undersigned, and upon the security hereof, has, or is about to become the SURETY on an appearance bond for

_____ in the sum of _____ Dollars by its certain bond or undertaking, a copy of which is attached hereto and made a part hereof. NOW THEREFORE, in consideration of the premises and the sum of one dollar in hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned do/does hereby undertake, agree and bind themselves, their representatives, successors and assigns, as follows:

1. That the undersigned will have the aforesaid _____ forthcoming before the court named in said bond, attached hereto, at the time therein fixed, and from day to day and term to term thereafter, as may be ordered by the said court.
2. That the undersigned will at all times indemnify and save SURETY or its Agent, harmless from and against every and all claims, demands, liability, cost, charge, counsel fee, expense, suit order, judgment or adjudication whatsoever which the said SURETY or its Agent shall or may for any cause at any time sustain or incur by reason or in consequence of the said SURETY having executed said bond or undertaking, will upon demand, place the said SURETY or its Agent in funds to meet every claim, demand, liability, cost, charge, counsel fee, expense, suit order, judgment, or adjudication against it, by reason of such Suretyship, and before it or its Agent shall be required to pay the same.
3. The condition of said Indemnity Agreement provides that as long as there is any liability or loss of any nature whatsoever to the SURETY upon the bond referred to herein, the undersigned will not make any transfer, or any attempted transfer of any of the property, real or personal given as security or which the undersigned may subsequently acquire or any interest therein, and it is further agreed that the SURETY or its Agent shall have a lien upon all property of the undersigned for any sums due it for which it has become, or may become liable by reason of its having executed the bond referred to herein.
4. The voucher or any other evidence of any payment made by the said SURETY or its Agent, by reason of such Suretyship, shall be conclusive evidence of such payment against the undersigned and the undersigned's estate both as to the property thereof and as to the extent of the liability thereof to the said SURETY.
5. That the SURETY or its Agent, may withdraw from its Suretyship upon said bond or undertaking at any time that it may see fit, as provided by law.
6. That the agreement shall not be returned by the said SURETY or its Agent, at the time it shall be satisfied of the termination of its liability under said bond or obligation, but shall be retained.
7. That the failure of any of the undersigned to comply with the provisions of this Indemnity Agreement shall be binding upon the others.
8. If any provision or provisions of this instrument be void or unenforceable under the laws of any place governing its construction or enforcement, this instrument shall be void and vitiated thereby but shall be construed and endorsed with the same effect as though such provision or provisions were omitted.
9. Indemnitor(s) hereby authorize(s) any person, agency, partnership, or corporation having any information concerning my character and release such person, agency, partnership, or corporation from liability which may be incurred in releasing this information to the SURETY, its assigns and/or duly authorized representatives.
10. 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 such local or state law. I consent to and authorize the SURETY, 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), contact by the SURETY, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to the SURETY, and/or its Agent.

For good and valuable consideration, the undersigned principal agrees to indemnify and hold harmless the SURETY company or its agent for all losses not otherwise prohibited by law or by rules of the Department of Insurance.

IN WITNESS WHEREOF, the undersigned have duly executed these presents this _____ day of _____

Witness: _____ Defendant: ☒ _____

Witness: _____ Indemnitor: _____

DISCLOSURE NOTICE

A HOPE BAIL BONDS

800 South Casino Center Blvd.

Las Vegas, NV 89101

(702) 825-2245

CONDITIONS OF THE BOND:

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
2. In the event the surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
3. It is understood and agreed that the happening of any one of the following events shall constitute a breach of the principal's obligation to SURETY hereunder, and the SURETY shall have the right to apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
 - A. If the principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
 - B. If principal shall move from one address to another without notifying the SURETY or its Agent in writing prior to said Move.
 - C. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - D. If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
 - E. If principal shall make any false statement in the application.
 - F. If principal fails to come to the SURETY Company's Agent office on scheduled day of week assigned. Principal has 24 hours to come into the SURETY Company's Agent office upon missing check-in to reschedule or is considered a risk to forfeiture of said bond.

WEEKLY CHECK-IN DAY: _____ **DATE OF FIRST CHECK-IN:** _____ **INITIALS:** _____

- There is a 15% annual fee if bond is held active by the court for more than a year
- Principal must make all court dates on time and contact the A Hope Bail Bonds office after court appearance(s).
- Principal has 24 hours to appear at Bail Bonds office upon release or is considered a risk to forfeiture of said bond.
- SURETY and its Agent are not responsible for any damages to collateral received by indemnitor or defendant at any time and is not responsible for damages when the power of attorney is enforced.

ADDITIONAL TERMS: _____

INDEMNITOR INFORMATION

In addition to the terms and conditions of any Indemnity Agreement or the other collateral documents which you have executed, this is to notify you that:

1. The Indemnitor(s) will have the defendant forthcoming before the court(s) named in the bond(s), at the time therein fixed, and as may be further ordered by the court.
2. The Indemnitor(s) is/are responsible for any and all losses or costs of any kind whatsoever which the SURETY may incur as a result of this undertaking. There should not be any costs or losses of any kind provided the defendant does not violate the conditions of the bond and appears on time at all required court events.
3. Collateral will be returned to the person(s) named in the collateral receipt, or their legal assigns within 21 days after the SURETY has received written notice of discharge of the bond(s) from the court. It takes several weeks after the case(s) is/ Are disposed of before the court discharges the SURETY bond(s). Collateral and refunds will be returned on Mondays Between the hours of 9:00 am and 5:00 pm Pacific time.

PRINCIPAL ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the bond(s).

PRINCIPAL SIGNATURE: X _____

INDEMNITOR ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the bond(s).

INDEMNITOR SIGNATURE: _____

FOR COMPLAINTS OR INQUIRIES CONTACT:

A HOPE BAIL BONDS – 800 S. Casino Center Blvd – (702) 825-2245

A Hope Bail Bonds
(702) 825-2245

WAVIER OF PRIVACY RIGHT

I HEREBY WAIVE ANY AND ALL RIGHTS I HAVE UNDER TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, AND SUCH LOCAL AND STATE LAW. I CONSENT TO AND AUTHORIZE THE COMPANY AND OR ITS AGENTS 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 MY SOCIAL SECURITY RECORDS, CRIMINAL RECORDS, CIVIL RECORDS, DRIVING RECORDS, CREDIT RECORD (I.E., TRW, ETC) TELEPHONE AND OR UTILITY COMPANY RECORDS, SCHOOL RECORDS, WORKERS COMPENSATION RECORDS, EMPLOYMENT RECORDS, RENTAL RECORDS. I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY, PRIVATE OR GOVERNMENTAL (LOCAL, STATE, FEDERAL), CONTACTED BY THE COMPANY AND OR ITS AGENTS, TO FURNISH ANY AND ALL PRIVATE AND PUBLIC INFORMATION AND RECORDS IN THEIR POSSESSION CONCERNING ME TO THE COMPANY AND OR ITS AGENTS.

X

SIGNATURE OF DEFENDANT

SIGNATURE OF INDEMNITOR

PRINTED NAME OF DEFENDANT

PRINTED NAME OF INDEMNITOR

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

A Hope Bail Bonds Credit Card Authorization

Defendant Name:

Amount to be Charged: _____

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Credit Card Number: _____

Expire Date: _____ **Code on Back Panel:** _____

Credit Cardholder Telephone # _____

x

Cardholder Signature

Today's Date

By signing above, I hereby Authorize A Hope Bail Bonds to charge my credit card. Please send back a readable copy of your ID and the bank card used.