

Application for Surety Bond

How did you hear about A HOPE BAIL BONDS? _____

Your Name _____, A.K.A. _____

Address _____, City/State/ZIP _____

Tel # _____ Cell # _____ Buying or Renting? _____ How Long? _____

D.O.B. _____ SSN _____ - _____ - _____ Place of Birth _____

Prior Address _____, Unit # _____ City _____

State _____ Zip _____ How Long There? _____

Employer _____ Occupation _____ Shift+Supervisor _____

Address _____ Tel _____ Years There _____

Prior Employer _____ Where? _____ Tel: _____ How Long? _____

Name of Spouse or Significant Other _____ Their Employer _____

Your Relationship to Defendant _____, Years known _____

Car Make, Model, Year and Color _____ Plate # _____ State _____

Your Bank Name _____ Total Amount in Checking and/or Savings _____

Are you on any government assistance? _____ From Where & Whom? _____

Ever used a bail bonds company before this? _____ When and Where? _____

What Company? _____ Names of people bailed out _____

Nearest Relative (not living with you) _____

Address _____ City/State/ZIP _____

Home # _____ Work # _____ Cell # _____

Give 3 References NOT living with you

Name _____ Relationship _____ Years Known _____

Address _____ Home/Work # _____ Cell # _____

Name _____ Relationship _____ Years Known _____

Address _____ Home/Work # _____ Cell # _____

Name _____ Relationship _____ Years Known _____

Address _____ Home/Work # _____ Cell # _____

Any false info in this application is grounds for revocation of any bond(s) issued. By signing below, I acknowledge I will be responsible for ALL costs for the process of revoking said bonds.

Signature X _____ Date _____

PROXY APPLICATION (Defendant's Info)

Defendant's True Name _____

Nicknames (if any) _____

Home # _____ Cell # _____ Work # _____

Home Address _____ Unit # _____ Complex Name _____

City/State/ZIP _____

Defendant's D.O.B. _____ How Long Have You Known Defendant? _____

Your Relationship to Defendant _____

Defendant's Employer Information _____

What Kind of Car Does Defendant Drive? (make/model/color/year/license plate number, etc.) _____

Please List People Living With Defendant _____

*By signing below, it is further understood by me that there is no refund for the premium paid after bail is posted. The required Nevada premium is 15% of the full bail amount or the minimum bond fee as required by Nevada law. **JAIL RELEASE TIMES CAN VARY AND THIS OFFICE CANNOT GUARANTEE DEFENDANT RELEASE TIMES AS IT IS OUT OF OUR CONTROL.** Submission of this application is not a guarantee of approval. Any misinformation, intentional or accidental can be cause for bond revocation.*

Application By X _____ Date _____
Signature

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: _____

Signature of Indemnitor: X _____ Date: _____

Witness _____ (seal)

Witness _____ (seal)

Additional Terms (if applicable):

Sign: X _____

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.

Defendant

Date

X _____
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 the executed the same. Subscribed and sworn before me, a Notary of this state.

NOTARY

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:** X _____

- 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: _____

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: X _____

FOR COMPLAINTS OR INQUIRIES CONTACT:

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

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: **X** _____

**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.

SIGNATURE OF DEFENDANT

X

SIGNATURE OF INDEMNITOR

PRINTED NAME OF DEFENDANT

PRINTED NAME OF INDEMNITOR

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

A Hope Bail Bonds
800 S. Casino Center Blvd.
Las Vegas, NV 89101
(702) 825-2245

I, _____ THE INDEMNITOR
COMPLETELY UNDERSTAND THAT THE DEFENDANT
_____ MUST COME INTO
THE OFFICE WITHIN 24 HOURS OF BEING RELEASED
FROM JAIL. NO EXCEPTIONS!!!!!!!!!!!!

X _____
INDEMNITOR

DATE

AGENT

DATE

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.