

DEFENDANT BOND CONDITIONS

DEFENDANT NAME		BOND AMOUNT	\$	BOND PREMIUM	\$
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Please INITIAL boxes below:

Any false information given on your application is a **3rd DEGREE FELONY** and you will be charged with **FRAUD**.

It is a **DIRECT VIOLATION** of your Bond Agreement to move from one address to another, change your phone number or change your employment status without notifying the office **24 hours** in advance. Should we try to contact you and we are unable to do so it will result in immediate arrest of said Defendant.

The said Defendant **SHALL NOT** commit any act that shall constitute reasonable evidence of their intention to cause forfeiture of said Bond. This will result in re-arrest!

The Defendant is **NOT ALLOWED** to leave the Jurisdiction of the court without notifying this office **24 hours** prior to attempting to leave the county.

It is a **VIOLATION** if the Defendant is **RE-ARRESTED** while out on this current bond, it will result in immediate Bond Surrender.

It is **YOUR RESPONSIBILITY** to know where and when your court dates will be held. This Court **DOES NOT** always notify this office of all your Court dates. If you did need to find out where and when you're your Court date is to be held, contact the Clerk of Court in the County of origination of said case.

If you miss your Court date for some reason, **PLEASE CONTACT OUT OFFICE IMMEDIETLY**, so we can instruct you as to how to reset the date. Please contact us during regular business hours anytime between 9am-5pm Mon-Fri.

It generally takes anywhere from one to six weeks for our office to receive an original Certificate of Discharge form the Courts. **COLLATERAL CANNOT & WILL NOT BE RETURNED** until we receive the official Discharge.

By Florida Statues, **IT MAY TAKE UP TO 21 DAYS** from when the original Discharge is received for Moya Bail Bonds to return your Collateral deposit for said Bond.

By signing below, I have read and understand the above conditions and agree to fulfill all said provisions.

DEFENDANT SIGNATURE		DEFENDANT PRINT	
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To Reorder Contact United States Fire Insurance Company (800) 392-1790

Defendant Name: _____

Defendant Address: _____

Defendant Cell: _____

Relationship to Indemnitor: _____

CONSUMER AUTHORIZATION TO RELEASE INFORMATION

I hereby waive any and all rights I have under the Title 29 Privacy Act, the Freedom of Information Act, the Fair Credit Reporting Act, and any such local or state law. I consent to and authorize UNITED STATES FIRE INSURANCE COMPANY and MOYA BAIL BONDS INC. as its agent, to obtain any and all public or private information and/or records concerning myself and/or any minor children I may have, from any party or agency, be it private or governmental (local, state, or federal). This includes, but is not limited to: Social Security records; credit reports; court and incarceration records from criminal, civil, and traffic jurisdictions; telephone records; medical records; school records; worker's compensation and disability records; employment records; and social benefit records. I fully and completely authorize, without reservation, any party or agency, be it private or governmental (local, state, or federal) contacted by said Insurance Co., or its Agent, to furnish to them any and all requested records information in their possession concerning myself and/or any minor children I may have.

1. NAME / ADDRESS / PERSONAL INFORMATION

Name: First _____ Middle _____ Last _____

Current Address _____ City, State Zip _____

Cell Phone _____ Alt Phone _____ Email _____

How long have you lived at your current address? _____ Do you Own Rent Live with Family Friends

Social Security # _____ Driver's Lic. # _____ Expire Date _____ State _____

Date of Birth _____ Place of Birth : City _____ State _____ Are you a U.S. Citizen? YES NO

Car: Year _____ Make _____ Model _____ Color _____ Tag _____

Employer Name (Do not write "Self") _____ Work Phone _____ Occupation _____
Length of Employment _____ Supervisor Name _____ Work Address _____

2. MARITAL STATUS Single Married Divorced Separated Widowed Partner /Engaged Roommate

Partner's Name _____ Cell Phone _____

3. CHILDREN (Includes Minor and Adult Children)

Child's Name _____ Age _____ Phone _____ School/Job _____

Child's Name _____ Age _____ Phone _____ School/Job _____

4. PERSONAL REFERENCES - ALL 3 MUST BE COMPLETED (Do not use employer or children listed previously)

Name _____ Cell Number _____

Address _____ Relationship _____

Name _____ Cell Number _____

Address _____ Relationship _____

Name _____ Cell Number _____

Address _____ Relationship _____

Indemnitor Signature _____ Date _____

Defendant signature _____ Date _____