

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

- 1. Date February 17, 2016
- 2. Amount Received Eight-hundred Dollars (\$ 800.00)
- 3. In the Form of Cash Check Money Order Credit Card Other
- 4. Payer's Name _____
FIRST _____ MIDDLE _____ LAST _____
- 5. Payer's Address _____
STREET _____ CITY _____ STATE _____ ZIP _____
- 6. In Connection With a Bail Bond(s) for Defendant _____
FIRST _____ MIDDLE _____ LAST _____
- 7. Bail Bond Amount(s) 10,000 Power Nos. (if known) AB-00854236
- 8. Date of Defendant's Arrest 02/16/16 Date of Defendant's Release on Bail 02/17/16
- 9. Court Name & Address 600 Administration Dr Santa Rosa
- 10. Date & Time of Next Required Court Appearance March 9, 2016 @ 8:30am
- 11. Charged With 23152(a) VC, 23152(b) VC
- 12. Bail Bond Premium \$ 800.00
- 13. *Itemized Expenses (if and as permitted by applicable law)

	\$ _____
	\$ _____
14. Total Charges (Premium Plus any *Itemized Expenses)	\$ <u>800.00</u>
15. Amount Paid	\$ <u>800.00</u>
16. Balance Due	\$ <u>0</u>

17. Was collateral taken? Yes No If Yes, Collateral Receipt # _____

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

PAID BY _____ RECEIVED BY _____

PAYER SIGNATURE _____ PRODUCER/REPRESENTATIVE SIGNATURE _____

PAYER NAME (PRINTED) _____ PRODUCER NAME (PRINTED) LICENSE # _____

SURETY
 Accredited Surety and Casualty Company, Inc.
 A Randall & Quilter Group Company
 P.O. Box 140855
 Orlando, FL 32814-0855
 800-432-2799

BAIL PRODUCER (Indicate name, address, phone no. and license no.)
Romell Bail Bonds
 2135 Armory Dr., Suite 100
 Santa Rosa, CA 95401
 (707) 525-9705
 License # 1845688

Cell Phone _____	Work Phone _____	Employer _____	Email _____
Other Relative/Friend's Name _____	Relation _____	Address _____	
Cell Phone _____	Work Phone _____	Employer _____	Email _____