

Contract Date: _____

Bail Bond Face Value Amount(s): _____

Bail Bond Premium Amount(s):\$ _____

Criminal Cause No: _____

Contract

I/We, _____ Indemnitor(s)/Cosigners/Guarantor(s), today, enter into this Contract with COPA BAIL BONDS/San Antonio Bail Bonds, Surety, for the benefit of obtaining the release of _____, Principal/Defendant. I/We understand that by paying the premium amount as stated above and signing the bond as Guarantor(s) that Surety will post a bail bond in the amount as reflected, and that I/We will be and am/are responsible for ensuring that the Principal/Defendant appears in court each and every time that this cause(s) is scheduled for court. I/We further understand that if the Principal/Defendant fails to follow any and all instructions or orders of the Court or fails and refuses to appear in court on any of the scheduled court dates and incurs a bond forfeiture/nisi, that I/We will be required and **responsible** for paying the Surety. The full face value of the bail bond amount(s) is/are; _____.

I/We agree to pay the full face value of the bail bond(s) to the Surety in the event that the Principal/Defendant fails to appear in court as scheduled. By signing this contract, I/We, the Indemnitor(s)/Guarantor(s) as mentioned above agree to be bound by the terms herein. Surety shall give notice to Indemnitor(s)/Guarantor(s) of the Principal/Defendant's failure to appear by certified mail return receipt requested (to the address of Indemnitor(s)/Guarantor(s) stated below or provided) for demand for payment of the full face value of the bond(s) (including but not limited to attorney's fee, collections costs, transportation/extradition fees) due to Principal/Defendant's failure to appear in court.

I/We further understand that the premium owing and/or paid on this bond(s) is/are fully earned upon the release of the Principal/Defendant from custody. The fact that the Principal/Defendant may have been improperly arrested, or his/her bail reduced, or his/her case(s) dismissed, shall not obligate the return or forgiveness of any portion of the premium/(s) paid. Signed and agreed to by all parties as evidenced by their signatures below on the _____ day of _____, 20_____

(A) COPA BAIL BONDS/San Antonio Bail Bonds BY: _____

<p>COPA BAIL BONDS San Antonio Bail Bonds 1511 W. MARTIN SAN ANTONIO TX 78207 Ph: 210-231-0202/ 210-231-6444 Fax 210-231-6229</p> <p>A-COPA Bail Bonds 2969 W. San Antonio New Braunfels, TX 78133 Office 830-625-4466</p>

X _____
Principal/Defendant

x _____
Indemnitor/Guarantor

X _____
Indemnitor/Guarantor

Printed name: _____

Address: _____

City, State, Zip Code: _____

Telephone No. _____