

**PARKER JUSTICE COURT
1105 ARIZONA AVENUE
PARKER, AZ 85344
(928) 669-2504 FAX (928) 669-2915**

SIGNATURE MUST BE NOTARIZED IF MAILED

Name of Bond Poster: _____

Street Address: _____ **City, State, Zip Code:** _____

Home Phone #: (____) _____ - _____ **Business Phone#:** (____) _____ - _____

Name of Defendant: _____

Charge and/or Case Number: _____

Receipt # bond poster received: _____ **Date bond posted:** _____

I consent to allow the above bond to:

- I do consent to allow the bond to be used for the above purposes.**
- Pay for the monetary obligations owed on this cases.**
- Pay for the monetary obligations owed on this cases and other cases this defendant may have in this court.**
- Be refunded to: Name (s):** _____
Address: _____

Other identifying information (such as SSN, DOB): _____

When I post bond, I am guaranteeing the defendant will appear at court at the required time and date. If the defendant does not appear or if the amount posted for this bond is used for any of the purposes checked above, I understand that the bond will be forfeited and not returned to me.

Signature: _____ **Date** _____

FOR COURT USE ONLY

Method of Payment: _____

Bond Amount Posted: _____

Bond Book# (if Applicable): _____ **Verify signature if bond posted** [] Yes [] No

Clerk Name/Number: _____