



Oklahoma Bail Bonds LLC

24HR. SERVICE - SERVING OKLAHOMA

405-465-6745

Co-signer Information

Date: _____

Defendant Name: _____ Nickname: _____

Defendant Current Address: _____ Zip: _____

Name of person defendant lives with: _____ Employer: _____

Co-Signer Name: _____ Relationship: _____ How Long: _____

Address: _____ Zip: _____ How Long: _____

Cell Phone: _____ Home Phone: _____ Who do you live with: _____

Name utilities are in: _____ Email: _____ DOB: _____

SSN: _____ HGT: _____ WGT: _____ Race: _____ Eyes: _____ Hair: _____ Glasses: () Y () N

Auto Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ How Long: _____ Shift Hours: _____

Spouse/GF/BF: _____ Address: _____ Phone: _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ How Long: _____ Shift Hours: _____

Bank: _____ Address: _____ Phone: _____

Auto Finance: _____ Address: _____ Phone: _____

Have you ever been arrested? () Y () N Are you currently on bond: () Y () N Probation () Y () N Parole () Y () N

Have you ever signed a bond: () () N Do you owe any bonds: () Y () N Where: _____

REFERENCE: _____

REFERENCE: _____

REFERENCE: _____

*I agree to the release of information from **ANY** or to **ANY** source. I UNDERSTAND THAT IT IS A MISDEMEANOR TO PROVIDE FALSE INFORMATION ON ANY IDEMNIFICATION AGREEMENT WITH A PUNISHMENT OF UP TO ONE YEAR IN JAIL AND UP TO A \$1,000 FINE OR BOTH. IT CAN ALSO RESULT IN REVOCATION OF YOUR BOND AND A RETURN TO CUSTODY.*

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

We the undersigned request and contract to arrange and execute a Bail Undertaking, referred to as 'Bail Bond' for:



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_____, 'Principle';
and in consideration of the Bondsman or Surety executing or continuing this Bail Bond, we the undersigned each individually agrees follows:

FIRST: To Pay \$ _____ premium, per year for this bond. The Bond renews each year. The premium is earned upon release of the Principle. The premium is NON-REFUNDABLE for any reason. The parties agree to pay a renewal premium in the amount stated above.

SECOND: To pay the **FULL AMOUNT of the bond** \$ _____, immediately upon the order of forfeiture of said bond. No refunds will be given for any payment of forfeiture. Any collateral pledged for the execution of the bail bond shall be liquidated immediately to cover any cost or liability for the execution of the bail bond without any notice.

THIRD: To be responsible for Principle appearing personally in Court as ordered, until the Bond is exonerated by the court. **IF PRINCIPLE FAILS TO APPEAR IN COURT, THE CO-SIGNERS AGREES TO LOCATE PRINCIPLE AND NOTIFY THE BONDSMAN OF THE PRINCIPLES LOCATION. TO PAY ALL EXPENSES INCURRED RETURNING OR ATTEMPTED TO RETURN THE PRINCIPLE TO CUSTODY. TO PAY A MINIMUM RECOVERY FEE OF \$600 OR 10% OF THE BOND WHICHEVER IS GREATER,** for any return of the principle to custody.

FOURTH: In making application for this Bail Bond, each of us says all information provided is true and we agree to advise the Bondsman in writing before any changes are made. Failure to provide written notice shall be reasonable cause for the immediately surrender of the Principle to custody.

FIFTH: Principle and co-signers agree to hold the Bondsman, Surety, or Agents harmless for any claims and/or lawsuits for the execution or enforcement of this contract. The Principle and co-signers agree to pay any and all legal fees, cost or judgement amounts from any litigation arising from the execution or enforcement of this contract.

SIXTH: To Authorize the release of information from or to **ANY** source, including Law Enforcement, GPS tracking, public and private sources, hospitals, metal hospitals, mental hospitals, rehabilitation centers, doctors, lawyers, counselors, educators, employment, housing, credit reports, creditors, utility companies, cellular and telephone billing, banking, social security, TANF or state assisted welfare, unemployment or workers compensation benefits, DMV records, any other licensing.

SEVENTH: To pay all attorney fees, court cost, collection fees or interest allowable to collect balance owed.

I acknowledge \$ _____ has been paid towards the Premium and an outstanding balance is \$ _____.
I Agree to pay the balance under the following terms: To pay \$ _____

If Premium is not paid within 30 days, a 20% per annum will be applied monthly until fully paid

THE PARTIES WHO HAVE ENTERED INTO THIS AGREEMENT EACH STATES THAT THEY HAVE READ THE AGREEMENT AND KNOW ITS CONTENTS

Dated this _____ day of _____ 20____

SIGN: _____ SSN: _____ DOB: _____
PRINT NAME: _____ ADDR: _____ PH: _____
EMPLOYER: _____ ADDR: _____ PH: _____

SIGN: _____ SSN: _____ DOB: _____
PRINT NAME: _____ ADDR: _____ PH: _____
EMPLOYER: _____ ADDR: _____ PH: _____

SIGN: _____ SSN: _____ DOB: _____
PRINT NAME: _____ ADDR: _____ PH: _____
EMPLOYER: _____ ADDR: _____ PH: _____