



O'SHAUGHNAHILL SURETY & INSURANCE, INC.

428 S. CONGRESS AVENUE, WEST PALM BEACH, FL 33406 800-255-2245 [ALL-BAIL] | OSI@OSHAUGHNAHILL.COM

Holly From Hollywood Bail Bonds 5700 Farragut Street Hollywood, FL 33021 754-246-3377 HOLLY APETZ (Owner) #W147223

Agent name, Address, Phone & License #

COLLATERAL RECEIPT

DO NOT LOSE THIS RECEIPT

RECEIPT NO.: C - 017129

- 1. DATE:
2. DEPOSITOR'S NAME:
3. ADDRESS:
4. PHONE NUMBERS: HOME: WORK: MOBILE:
5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral:
6. DEFENDANT: CASE NO.:
7. BOND AMOUNT: \$ POWER NUMBER:
8. COURT: CHARGES:
9. RECEIVED BY: (PRNT):
10. COLLATERAL HELD BY (check one):
11. In Florida, if you are using a credit card to provide collateral, you are required to pay an additional credit card fee...
12. Florida Administrative Code Rule 69B-221.120: For any complaints or inquiries, the consumer may contact the Department of Financial Services...
13. You hereby acknowledge receipt of a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to:

DEPOSITOR'S SIGNATURE

RECEIPT FOR RETURN OF COLLATERAL

You hereby surrender the original of this collateral receipt and acknowledge the return and receipt of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the Surety and its agent from any further liability or responsibility in relation to the collateral. You have received the items listed below:

TOTAL AMOUNT RETURNED \$

Other collateral returned:

Received by: DATE: Returned by: DATE:

Signature

White - Agency • Yellow - Depositor Copy

Signature of Bail Producer



O'SHAUGHNAHILL SURETY & INSURANCE, INC.

BAIL BOND PREMIUM RECEIPT

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Received from Receipt Date

The Sum of \$

CASH CHECK CREDIT CARD MONEY ORDER

Defendant Bond Amount \$

Power of Attorney No. Court Collateral Receipt No.

Charged with

Table with 2 columns: Description (BAIL COND PREMIUM*, MISC. CHARGES, TOTAL CHARGES, RECEIVED ON ACCOUNT, BALANCE) and Amount.

Received by

Print Name

PREMIUM RECEIPT NO. P - 017129



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Agent name, Address, Phone & License #

O'SHAUGHNAHILL SURETY & INSURANCE, INC.
DISCLOSURE FORM

Bond Numbers: _____

Amount of Bond(s): \$ _____ Premium: \$ _____ Date: _____

I understand in signing this bond(s) for obtaining the release of:
("Defendant")

I am responsible for Defendant appearing in court each time Defendant is so ordered. I also understand I am responsible for payment of any court costs for non-appearance if Defendant fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender Defendant to the Court. I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such forfeiture occurs and Defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including unpaid bail premium.

COLLATERAL cannot be returned until such time as the O'Shaughnahill Surety & Insurance, Inc. receives written notice from the Clerk of the Court. Defendant and Indemnitor must call O'Shaughnahill Surety & Insurance, Inc. or its authorized agent should they move, change employment or if the phone number is changed or disconnected or any other condition changes relevant to the bond or indemnity application. FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN REVOCATION OF THE BOND.

If the Indemnitor wishes to be released from their obligation prior to adjudication, Indemnitor must recommit the Defendant into the custody of the jail of jurisdiction. Our agent may provide for the recommittal of the Defendant, however fees will be determined by time and distance involved.

SHOULD THE DEFENDANT FAIL TO APPEAR FOR HIS/HER COURT DATE, THE FULL AMOUNT OF THE BOND IS DUE WITHIN 60 DAYS FROM THAT DATE.

I am not a paid signor. I have no connection with a Bail Bond Agent or Consultant. I have not been coerced or persuaded. I agree to the terms and conditions voluntary and at my own free will.

SIGNED: _____
Indemnitor

Co-Indemnitor

WAIVER OF RIGHTS
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

In addition, the Defendant/Indemnitor hereby authorizes and directs their relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the U.S. Armed Forces, the State Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies, all telecommunication carriers, i.e. paging, cellular phone, long distance and phone companies, and any other persons or organizations having information concerning the Defendant/Indemnitor to give such information to O'Shaughnahill Surety & Insurance, Inc. or its authorized agent and its assigns and/or duly authorized representative for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant/Indemnitor hereby waives his/her rights with respect to all applicable federal and state privacy laws and authorizes the use of copies of this document by O'Shaughnahill Surety & Insurance, Inc. or its authorized agent and its assigns and/or fully authorized representatives. Defendant/Indemnitor further understand that this is an application for a type of credit and authorized review of Defendant/Indemnitor's credit history via credit reporting agencies.

I have read the above contract and understand it, and agree to fulfill ALL provisions therein.

SIGNED: _____
Defendant

Indemnitor

Co-Indemnitor

Agent



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SURETY BAIL BOND TERMS AND CONDITIONS OF CONTRACT INFORMATIONAL SHEET

Defendant/Principal: _____

Offense _____	Case # _____	Power # _____	Amount \$ _____
Offense _____	Case # _____	Power # _____	Amount \$ _____
Offense _____	Case # _____	Power # _____	Amount \$ _____
Offense _____	Case # _____	Power # _____	Amount \$ _____

As a principal (defendant) and/or indemnitor (guarantor) on a bail bond, you must be given a copy of any collateral document(s) that you sign for the bond.

When all agreements have been fulfilled and bond is discharged in writing by the court, and without loss expense on the bond(s), your full collateral will be returned to you.

Be aware collateral is at risk if the principal fails to appear in court or if the principal commits any breach (violation) of the agreement.

Any of the following happenings is a breach of the agreement:

1. If principal fails to appear in court;
2. If principal shall depart the jurisdiction of the court without the written consent of the court and the Surety, or its Agent;
3. If principal shall move from one address to another without notifying the Surety, or its Agent, in writing prior to said move;
4. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of the bond(s);
5. If principal is arrested and incarcerated for any offense other than a minor traffic violation;
6. If principal shall make any material false statement in the application; or
7. If principal shall violate any special restriction or condition of the bond(s) imposed by the court.

For general information regarding your collateral, contact the **AGENT** as shown on the top of this form.

For further inquiry/complaint, contact:

Florida Department of Financial Services
Division of Consumer Services
200 East Gaines Street, Tallahassee, FL 32399-0322
(877) 693-5236 (in state) (850) 413-3089 (all areas)

Any Bail Bond agent who surrenders or recommit a defendant shall execute form DFS-H2-1542 (07-02) titled "Statement of Surrender Form", which is adopted and incorporated herein by reference. The licensee shall provide a copy to the defendant, and maintain a copy in the file of the defendant. This form is available on the back of the Disclosure form and www.myfloridacfo.com/Division/Agents

I/We have received a copy of this terms and conditions. I/We have received a copy of all collateral documents that I/We signed for this bond(s).

Signed, sealed and delivered this _____ day of _____, 20____

Principal / Defendant Signature

Indemnitor Signature

Indemnitor Signature

Indemnitor Signature

Signed original to Agent, bond file and copy to each indemnitor.