

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 #

DATE: _								
DEPOS	ITOR'S NAME:							
ADDRE	SS:	Depositor's Full Name						
TODILL	.oo	treet)	(City)	(State)	(Zip)	_		
PHONE	NUMBERS: HOME:		WORK:	- the second	MOBILE:			
	rson named on line two (2) above							
paid by	way of: Cash; Check; ceral is other than money, check	Other (Itemize and de:	scribe source of other:					
The abo	ove collateral is placed as secur	ity for the bail bond(s), p	remium owed, if any, and	all lawful costs incurred of	due to underwriting 1	the bail bond(s)	for the following:	
DEFENI	DANT:		CA	ASE NO.:				
OND	DANT:	efendant's full name)						
SOND A	AMOUNT: \$		PC	OWER NUMBER:				
COURT	:		CH	HARGES:				
RECEIV	/ED BY:		(P	RNT):				
s secu emand uffered our fai	rity for the payment of any a ds, debts (including promisso d, sustained, made or incurred lure to comply with the terms	nd all monies and sum ory notes), damages, ju d by the Surety or its ag and conditions of the <i>i</i>	dgments, losses, interest gents on account of, arising Agreement and any and	I Surety & Insurance, Ir st, premiums, expenses ing out of or relating to all debt or other obligat	nc. (the "Surety") of s, services charges the above bail bontions arising out of	or its agents, ir s, expenditures d and transact or evidenced	ncluding all liabil s, attorneys' fees ions contemplate by any agreemen	ity, claim and cos ed thereb at execute
demand demand deference our fail by you, NOTE: L eturned eturned vritten le ii) there nay dee peneral in Florida A Bail Bon	irity for the payment of any a ds, debts (including promisso d, sustained, made or incurre	nd all monies and sum ory notes), damages, ju d by the Surety or its ag and conditions of the mitor(s) for the benefit ted and notarized legal a see provided by applicable entative or successor in its Surety (such as, for examili) there are no other out etion, to retain such collator, to retain such collator, to provide collateral to you, to provide collateral, you 221.120: For any complates, Tallahassee, FL 323	tated in an addendum at its due to O'Shaughnahill dgments, losses, interespents on account of, arising Agreement and any and it of Surety or its agent, a ssignment document is actilities any las stated in all interest (less any Liabilities ample, written notice from istanding bonds or obligation ateral for its protection; are required to pay an actilities or inquiries, the consideration of the considerati	I Surety & Insurance, Ir st, premiums, expenses ing out of or relating to all debt or other obligat ill of the terms of which excepted and acknowledge in addendum attached to s) within 21 days after all the court) of the Surety's ons executed by, for or o and (iv) upon the Surety's diditional credit card fee in umer may contact the De 6 (in-state)	ac. (the "Surety") of a services charges the above bail bonions arising out of are made a part of a by the Surety or it the Indemnitor Appl I of the following are a discharge or releas in behalf of you or D request, you shall be the following amount and the following amount apartment of Finance	or its agents, ir is, expenditures and transact for evidenced if this receipt be to designee, the ication and Agree satisfied: (i) the from all liabilities fendant in connave executed ant: \$	actuding all liabils, attorneys' fees ions contemplate by any agreement by this reference (a collateral listed alternative surety receives the surety receives the collateral listed and delivered to the collateral listed and delivered and	ity, claims and cosed thereto the executor ("Liabiliti bove will be a competed by a competed by the Surety he Surety
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428 S. CONGRESS AVENUE, WEST PALM BEACH, FL 33406 800-255-2245 (ALL-BAIL) | OSI@OSHAUGHNAHILL.COM

BAIL BOND PREMIUM RECEIPT 5700 Farragut Street Hollywood, FL 33021

754-246-3377

HOLLY APETZ (Owner) #W147223

			i	Agent name, Address, Phone	& License #
Received from			Receipt Date	PREMIUM RECEIPT NO.	
The Sum of	<u>~</u> .		\$	\$	
	☐ CASH	☐ CHECK	☐ CREDIT CARD	☐ MONEY ORDER	P-017129
Defendant				Bond Amount	\$
Power of Attorney No		Court		Collateral Receipt No	0
Charged with					
BAIL COND PREMIUM*					
MISC: CHARGES			Red	ceived by	
TOTAL CHARGES					
RECEIVED ON ACCOUNT				nt Name	
BALANCE			Prir		
*PREMIUM IS NON-REFUNDABLE	MANAGEMENT OF STREET	OSI-0521-FL	N	NON-PAYMENT OF PREMIUM IS A BREACH	OF BOND TERMS AND CONDITIONS



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HOLLY APETZ (Owner) #W147223

Agent name, Address, Phone & License #

O'SHAUGHNAHILL SURETY & INSURANCE, INC. DISCLOSURE FORM

Bond Numbers:	
Amount of Bond(s): \$ Premi	um: \$ Date:
I understand in signing this bond(s) for obtaining the re ("Defendant")	lease of:
for payment of any court costs for non-appearance if D Court or forfeits this bond, and it becomes necessary to am responsible for any and all expenses incurred as a r	time Defendant is so ordered. I also understand I am responsible befendant fails to follow any and all instructions or orders of the papprehend and surrender Defendant to the Court. I understand I result of such forfeiture and further, if such forfeiture occurs and prescribed by law, I understand I am required to pay the FULL remium.
from the Clerk of the Court. Defendant and Indemnitor rized agent should they move, change employment or i	the O'Shaughnahill Surety & Insurance, Inc. receives written notice must call O'Shaughnahill Surety & Insurance, Inc. or its authorite the phone number is changed or disconnected or any other oplication. FAILURE TO COMPLY WITH THESE CONDITIONS
	gation prior to adjudication, Indemnitor must recommit the Defenent may provide for the recommittal of the Defendant, however fees
SHOULD THE DEFENDANT FAIL TO APPEAR FOR BOND IS DUE WITHIN 60 DAYS FROM THAT DA	OR HIS/HER COURT DATE, THE FULL AMOUNT OF THE ATE.
I am not a paid signor. I have no connection with a Bai I agree to the terms and conditions voluntary and at my	ll Bond Agent or Consultant. I have not been coerced or persuaded. v own free will.
SIGNED: Indemnitor	Co-Indemnitor
indeniintoi	Co-machinitor
	VER OF RIGHTS LEASE OF PERSONAL INFORMATION
Security Administration, the Internal Revenue Service, the State Division of Motor Vehicles, all Municipal, Coution carriers, i.e. paging, cellular phone, long distance an information concerning the Defendant/Indemnitor to give authorized agent and its assigns and/or duly authorized reexpenses incurred as a result of Defendant's non-appearance respect to all applicable federal and state privacy laws and Surety & Insurance, Inc. or its authorized agent and its as further understand that this is an application for a type of via credit reporting agencies.	and directs their relatives, employers, bankers, the Federal Social he State Department of Disability Insurance, the U.S. Armed Forces, anty, State and Federal Law Enforcement Agencies, all telecommunical phone companies, and any other persons or organizations having the such information to O'Shaughnahill Surety & Insurance, Inc. or its expresentative for the purpose of securing reimbursement for any ance. The Defendant/Indemnitor hereby waives his/her rights with an authorizes the use of copies of this document by O'Shaughnahill sesigns and/or fully authorized representatives. Defendant/Indemnitor for credit and authorized review of Defendant/Indemnitor's credit history.
I have read the above contract and understand it, and agr	ee to fulfill ALL provisions therein.
SIGNED:	Indemnitor
Defendant	indentification
Co-Indemnitor	Agent



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HOLLY APETZ (Owner) #W147223

Agent name, Address, Phone & License #

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) arthat you sign for the bond.	nd/or indemnitor (guarantor) or	n a bail bond, you must be give	en a copy of any collateral document(s)
When all agreements have by your full collateral will be retu		arged in writing by the court, an	d without loss expense on the bond(s),
Be aware collateral is at risk	if the principal fails to appear in	court or if the principal commit	s any breach (violation) of the agreemen
Any of the following happening	ngs is a breach of the agreeme	nt:	
 3. If principal shall move 4. If principal shall corthe bond(s); 5. If principal is arrested 6. If principal shall male 	eart the jurisdiction of the court of the court of the form one address to another mail any act which shall constituted and incarcerated for any offects any material false statement.	without notifying the Surety, or itute reasonable evidence of pr ense other than a minor traffic v	
For general information rega	rding your collateral, contact the	e AGENT as shown on the top	of this form.
For further inquiry/complaint,	contact:		
Florida Department of Finance Division of Consumer Service 200 East Gaines Street, Talla (877) 693-5236 (in state) (8	es ahassee, FL 32399-0322		
Form", which is adopted and in	acorporated herein by reference.	t shall execute form DFS-H2-154 The licensee shall provide a cop ne Disclosure form and www.myf	2 (07-02) titled "Statement of Surrender y to the defendant, and maintain a copy in loridacfo.com/Division/Agents
I/We have received a copy signed for this bond(s).	of this terms and conditions. I/	We have received a copy of a	all collateral documents that I/We
Signed, sealed and delivered	thisday o	f	. 20
Principal / Defendant Signatu	ire	Indemnitor Signatu	ure
Indemnitor Signature		Indemnitor Signatu	ire