

EZ BAIL BONDS

www.ezbailkc.com • 913-710-4652 • 785-979-2115

TODAY'S DATE: _____

Agent's Name: _____ Power# _____ Case# _____ 1st Appear Date: _____

I, the undersigned, do hereby apply to you to act as my bail agent in the Amount of \$ _____, in the _____ Court of _____ County, wherein I am charged with _____.

I agree to all of the following terms and conditions prescribed by the State Insurance Department, Bail Agent, or Court.

Attorney: _____ Phone: _____

CONDITIONS ON BOND/COLLATERAL: _____

ALL QUESTIONS MUST BE ANSWERED IN FULL, OR DELAY MAY OCCUR!!! PLEASE PRINT

CLIENT NAME: _____ Alias: _____ Date of Birth: _____

Social Security #: _____ Driver's License #: _____ State: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Cell Phone: _____ Other Phone: _____

Email: _____ Facebook: _____

Street Address: _____ City/State/Zip: _____ Own ___ Rent ___

How Long at this address? _____. If less than 2yrs, previous address: _____ - _____

Employed by: _____ Position: _____ How Long? _____

Work Address: _____ Phone Number: _____ Supervisor: _____

Automobile Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

You under bail now? Parole? Probation? Pending Charges? _____ **Officer:** _____

Mother: _____ Phone: _____ Address: _____

Father: _____ Phone: _____ Address: _____

Sibling: _____ Phone: _____ Address: _____

Sibling: _____ Phone: _____ Address: _____

Best Friend: _____ Phone: _____ Address: _____

Significant other's name: _____ Relationship: _____ Known how long? _____

Phone: _____ Address _____ City/State/Zip: _____

Social Security: _____ Work: _____ Work Phone: _____

Parents: _____ Address: _____ Cell Phone: _____

Other information about client: _____

INDEMNITOR'S NAME: _____ Relationship: _____ Yrs Known: _____

Social Security #: _____ Date of Birth: _____

Cell Phone: _____ Other Phone: _____

Address: _____ City/State/Zip: _____ Own ___ Rent ___ How Long? _____

Automobile Make: _____ Model: _____ Year: _____ Color: _____

Email: _____ Facebook: _____

Work: _____ Position: _____ Years Employed: _____

Work Address: _____ Work Phone: _____ Supervisor: _____

REFERENCES Name/Address/Phone Numbers:

1. _____

2. _____

Other Information about Indemnitor: _____

Other Information Regarding this application: _____

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED ON PAGE TWO

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BOND AGREEMENT YOU ARE ASSUMING SPECIFIC OBLIGATIONS - READ CAREFULLY!!!

WHEREAS, _____ **AGENT FOR EZ BAIL BONDS** (Hereinafter called the Surety or Company, at the request of the undersigned has become surety on an appearance bond for _____ (Client) in the amount of \$ _____

NOW THEREFORE, in consideration of the premises and the sum of \$ _____ (NOT REFUNDABLE) in hand paid or promissory note, receipt whereof by each of us it hereby acknowledged, the undersigned do/does hereby undertake, agree and bind themselves, their legal representatives, successors and assignees, as follows:

COURT APPEARANCE RESPONSIBILITIES: That the undersigned will have the aforesaid Client forthcoming before the above court name in said bond, attached hereto, at the time therein fixed, and from day to day and term to term thereafter, as may be ordered by the said court. It is also a fact that it is the undersigned's responsibility to verify and/or obtain all court dates and times.

INDEMNITOR(S) RESPONSIBILITIES: The undersigned will at all times indemnify and keep indemnified the Surety and save harmless the Surety from and against any and all claims, bond forfeitures and charges, legal fees, disbursements and expenses of every kind and nature, which the Surety shall at any time sustain or incur, and as well from all orders, decrees, judgments and adjudications against the Surety by reason or in consequence of having executed such bond or undertaking in behalf of and/or at the insistence of the indemnitor(s) (or any one of them) and will pay over, reimburse and make good to the Surety, Its successors and assignees, all sums and amounts of money required to meet every claim, demand, liability, cost, expense, suit, order, decree, payment and/or adjudication against the Surety by reason of the execution of such bond or undertaking and any other bonds or undertakings executed in behalf of and/or at the insistence of the Indemnitor(s) and before the Surety shall be required to pay thereunder. The liability for legal fees and disbursements includes all legal fees and disbursements that the Surety may pay or incur in any legal proceedings, Including proceedings in which the Surety may assert or defend its right to collect or to charge for any legal fees and/or disbursements incurred in earlier proceedings. In the absence of Indemnitor (s), the client is the indemnitor. All legal proceedings to collect these funds will be held in Wichita, Sedgwick County, Kansas. EZ BAIL BONDS shall have the authority to charge and assess collection costs and expenses, including reasonable attorney's fees, and penalties and interest for the late payment or nonpayment thereof.

HOLD HARMLESS CLAUSE: I do hereby save and hold said surety harmless for any act, criminal or civil, that I may commit while on bond. I also hold said surety harmless from any liability for anything that may happen to me while this bond is in effect.

CONFIDENTIALITY RELEASE: We, the undersigned, do hereby understand that any personal records, including but not limited to alcohol or drug abuse information, medical records, employment information, financial information and court records, including confidential and protected, are confidential and can only be obtained by myself and/or my authorized agent(s). We hereby authorize and request the release of all personal records and information including copies of my pictures from any Law Enforcement Agency, Court, Medical Facility, Alcohol and Drug Treatment Facility, Division of Employment Security, Social and Rehabilitation Services, Agencies and institutions funded by Public, City, State, and Private Institutions, be released to my legal representative and agent(s) of EZ BAIL BONDS, I/We also authorize the release of any information held by the school district in regards to the children listed on my application. I further authorize and consent to the disclosure and copying of personal records by said agent (s) of EZ BAIL BONDS.

ARREST AUTHORITY: I understand that EZ BAIL BONDS, or it's agent(s) are the bail agent and surety, and shall have control and jurisdiction over client during the term for which this bond is in effect; and that said company has the right to surrender client during the term for which this band is in effect; and that said company has the right to surrender client back into custody an ay time; as provided by law. I also agree to pay any expenses that said company may incur in regards to client while said bond is in effect, and for the re-arrest of client, if necessary. Client hereby authorizes/waives any extradition proceeding from any other state or jurisdiction, so that same may be returned to the original jurisdiction of this case. (There is a minimum charge of \$500.00 for the re-arrest, plus any and all other expenses incurred.) (Authorization to re-arrest pursuant to the 1873 case of Taylor vs. Taintor '83 USSC 366 Conn, and KSA 22-2809) EZ BAIL BONDS shall have the authority to charge and assess collection costs and expenses, including attorney's fees, and penalties and Interest for the late payment or nonpayment thereof.

PRIVACY DISCLOSURE: We may gather information from you necessary to conduct our business with you or those related in the immediate transaction. This may include, but is not limited to, any information bearing on your creditworthiness. I/We authorize and consent to a formal background check and consent to having my credit report pulled by EZ BAIL BONDS. We will not disclose such gathered Information except as allowed by law. You have a right to refuse this necessary information gathering by simply deciding not to go forward with this transaction. Other than as explained above, we will exercise reasonable care to keep your information secure.

The undersigned, Client and Indemnitor(s) acknowledge that in addition to the above statements, I/we understand that we cannot leave the State or the Jurisdiction of the Court without the Court's permission AND the Bondsman's permission. I/we understand that the Prosecutor has the right to ask for a Federal Flight Warrant in the event that the client does not show up in court, and that this failure to show will result in another State Warrant and that the client's bond will be inaccessible. We understand that the penalty for Bond Forfeiture in the State of Kansas is one year, up to five years in jail. I/we understand that if **any** information of the application changes, including but not limited to: address, phone numbers, place of employment, marital status, addition or change of Attorney, we must notify the bondsman or Company immediately. The bondsman should be informed of each date the client appears in court and the final disposition of the case so that the bond can be discharged. **YOU ARE LIABLE FOR THIS BOND** until revoked by the court or the bondsman AND the client is in custody; or the case is adjudicated in court and a final journal entry is filed.

THE RESULT OF VIOLATING ANY OF THE ABOVE STATEMENTS COULD RESULT IN THE BOND BEING REVOKED AND THE CLIENT BEING RETURNED INTO CUSTODY Upon signature(s), you acknowledge that you have read, understood and agree to all the above terms, statements and rules AND I have been offered a copy of this agreement.

I/we **UNDERSTAND THE BOND FEE IS NOT REFUNDABLE!!!**

DATE OF BAIL AGREEMENT: _____

CLIENT SIGNATURE _____ **INDEMNITOR SIGNATURE** _____ **PRINTED** _____

CLIENT PRINTED NAME _____ **INDEMNITOR(2) SIGNATURE** _____ **PRINTED** _____

I HAVE BEEN OFFERED A COPY OF THE PRIVACY DISCLOSURE NOTICE

Client: _____ **Indemnitor (1):** _____ **Indemnitor (2):** _____