



**CHULA VISTA
BAIL BONDS**

547 Third Ave
Chula Vista, CA 91910
Tel (619) 420-3030
Email: cvbailbonds@yahoo.com

PLAIN TALK CONTRACT

Contract Date: _____

Power Number: _____

Bond Amount: _____

Premium Amount: _____

I, understand that in signing this Bail Bond for the release of the defendant,

That I'm responsible for him/her appearing in Court each time he/she is so ordered; also, if he/she fails to follow any and all instructions or orders of the court or forfeits this bail bond by **FAILING TO APPEAR** in court and it becomes necessary to apprehend and surrender him/her to the court, I understand that I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and the defendant is not surrendered to the proper court within the time prescribed by law, I understand that I am required to pay the **FULL AMOUNT** of the bond posted, including any unpaid premium.

I further understand that the premium owing and/or paid on this bond in which I'm signing is fully earned upon the release of the defendant from custody. The fact that the defendant may have been improperly arrested; his/her case dismissed shall **NOT OBLIGATE** the return or forgiveness of any portion of the premium.

IMPORTANT NOTICE: THERE IS A WAITING PERIOD OF APPROXIMATELY 30 DAYS FROM THE DAY THE BOND IS EXONERATED BY THE COURT BEFORE ANY COLLATERAL CAN BE RETURNED. WE MUST RECEIVE PROPER DOCUMENTATION FROM THE RESPECTED COURT THAT HIS/HER BAIL BOND HAS BEEN EXONERATED.

I AM NOT A PAID SIGNER. I HAVE NO CONNECTION WITH THE BAIL BONDS CONSULTANT. I HAVE FULLY READ THE ABOVE CONTRACT, COMPLETELY UNDERSTAND IT AND AGREE TO FULFILL ALL OF THE PROVISIONS THEREIN.

DEFENDANT SIGNATURE

INDEMNITOR SIGNATURE

INDEMNITOR SIGNATURE

INDEMNITOR SIGNATURE

CA Dept. of Insurance License No. 1844647

Initials _____ / _____ / _____ / _____