

Special Instructions

You must fax the documents back to our office to obtain the bond and then you **must** mail the **original documents** with your **original signature** and the **original notary signature & stamp** to our office within **3** (three) business days from the date your contract was signed. **NO PHOTO COPIES** will be accepted. They must be the **ORIGINALS**.

If you wish to keep record of the form(s) you must make your own copies.

Failure to do so may result in filing errors and/or delayed progress.

Please mail these form(s) to:

Double "O" Bonding Company, Inc.
P.O. Box 80585
Athens, GA 30608

You may mail these documents from any United States Postal Office.

Please call with any questions to ensure this process is completed correctly and within a timely manner.

Keep this page for your reference. It is not necessary to return it with your fax.

Thank you.

Fax Number: 706-353-6411

Internet Instructions for completing Indemnitor sheets:

All signatures have to be signed in the presence of a Notary of Public

1st page -

- Print your full name beside **INDEMNITOR FULL NAME** (you are not the defendant we will fill in everything under the defendant's information).
- Print your full street address to include number and street, city, state, and zip code beside **STREET ADDRESS**.
- Print your full mailing address beside **MAILING ADDRESS**
- Print your **Social Security Number** and **Date of Birth** on the lines provided
- Sign the line labeled 'Signature of Indemnitor', if more than 1 signers, 2nd person sign on line labeled 'Co-Indemnitor.'
- Under the signature of defendant, a notary public must stamp and sign (notarize your signature on this page)
- **Please send a copy of your Driver's License**

Middle of 1st Page - Under the heading "You Are Assuming Specific Obligation-Read Carefully" -

- Print the **defendant's** (person in jail) **full name** in the first open blank.
- Write out the full amount of the bond (the actual bond amount not what you have to pay) on the second blank line then write the number amount of bond in the parenthesis.

Example: John Adam Doe, Defendant in the sum of Five Thousand Five Hundred and 00/100 DOLLARS (\$ 5,500.00), by its certain bond ...

2nd page – Power of Attorney

**** (This does not apply to the Indemnitor this is only for the Defendant (person in jail). ****

Confidential Information Release

- Print your name on the line provided under **CONFIDENTIAL INFORMATION RELEASE**.
- Sign the line provided at the bottom under **"Signature of Indemnitor"** if one signer, if two signers the other must sign in **"Signature of Co-Indemnitor"**.
- **All signatures must be notarized.**
- Make a copy of your driver's license and return it along with both pages of our contract.

If a credit card is being used for method of payment:

- You will need to fill out the Credit Card Authorization Form
- This document must be signed by the cardholder.
- Your signature must be notarized.
- We will need a copy of the credit card being used.

Before faxing this information back, make sure:

- Indemnitor information is completely filled in
- Both pages are notarized under your signature appropriately
- Copy of driver's license is included
- Copy of Credit Card and Credit Card Authorization if a credit card is being used for payment.
- **After completing documents fax to (706) 353-6411**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE FOR ADDITIONAL DETAILS TO ENSURE THIS PAPERWORK IS COMPLETED CORRECTLY (706) 353-6467.

****Understand, if the defendant fails to appear in court, you could be held financially responsible!****

Double "O" Bonding Company, Inc.

POST OFFICE BOX 80585, ATHENS, GEORGIA 30608-0585
(706) 353-6467

FULL NAME: _____ **D.O.B.** _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ **D.L.#** _____

INDEMNITOR FULL NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ **D.O.B.** _____

DATE: _____, 200_____

YOU ARE ASSUMING SPECIFIC OBLIGATION-READ CAREFULLY

WHEREAS, DOUBLE "O" BONDING COMPANY, INC.(hereafter called the SURETY), at the request of or on behalf of the undersigned, has or is about to become SURETY on an appearance bond for _____, Defendant in the sum of _____ **DOLLARS (\$** _____ **)** by its certain bond of undertaking, a copy of which is attached hereto and made part hereof:

NOW THEREFORE, in consideration of the premises and the sum of one dollar in hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned jointly and severally do hereby, agree and bind themselves, their legal representatives, successors and assigns, as follows on reverse side hereof:

1. DOUBLE " O" BONDING COMPANY, INC., as bail, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the Defendant to the proper officials at any time as provided by law.
2. That the undersigned will at all times indemnify and save the said SURETY harmless from and against every and all claims, demands, liabilities, cost charges, counsel fees, expenses, suits, orders, judgments, or adjudication whatsoever which the said SURETY shall or may for any consequence of the said SURETY having executed said bond or undertaking, will, upon demand, place the said Surety in funds to meet all such claims, demands, liabilities, cost, charges, counsel fees, expenses, suits, orders, judgments, or adjudication against it, by reason of such Surety-ship, and before the said SURETY shall be required to pay the same.
3. That the agreement of indemnity contained in paragraph 2 above shall continue as long as the SURETY has any liability or has sustained any loss, upon the bond referred to herein, and the undersigned further agrees not to make any transfer, or any attempted transfer of any of the property, real or personal, in which the undersigned has an interest or in which the undersigned may subsequently acquire any interest, and is further agreed that the SURETY shall have a lien upon all property of the undersigned for any sum due it or for which it has become, or may become, liable by reason of its having executed the bond referred to herein. It is further agreed the indemnity created or acquired by the undersigned.
4. That the voucher or other evidence of any payment made by the said SURETY, by reason of such surety-ship be conclusive evidence of such payment against the undersigned, the successors and assigns of the undersigned, as well as the estate of the undersigned, and those entitled the share of the estate of the undersigned, and those entitled the share in the estate of the undersigned as to both the propriety thereof and as the extent of the liability there under of the said SURETY.
5. That the said SURETY may withdraw from its Surety-ship upon said bond or undertaking at any time it may see fit, as provided by law.
6. That the undersigned liability hereunder shall apply not only to the bond referred to above, but shall apply to all other bonds or undertakings which may at any time be issued by the SURETY at the request of or on behalf of the undersigned.
7. That the agreement shall not be returned by the SURETY at the time it shall be satisfied of the termination of its liability under said bond or obligation, but shall be retained as security for any liability that may at any time thereafter occur.
8. That the failure of any of the undersigned to comply with the provisions of this agreement of indemnity shall be binding upon the others.
9. If any provisions of this instrument be void or unenforceable under the laws of any place governing it construction or enforcement, this instrument shall not be void or vitiated thereby but shall be construed and enforced with the same effect as though such provision were omitted.
10. Defendant understands under O.C.G.A 17-6-54, that SURETY may surrender defendant at anytime without returning any of the premium that has been paid on his/her behalf.
11. Defendant also agrees to waive extradition in the event of forfeiture and capture of principal in any foreign state or nation.

SIGNATURE OF DEFENDANT

SIGNATURE OF INDEMNITOR

NOTARY PUBLIC
COMMISSION EXPIRES:
EXECUTED ON:

SIGNATURE OF CO-INDEMNITOR

POWER OF ATTORNEY

I, _____, of the State of _____ have made, constituted and appointed, and by these presents do make, constitute and appoint Double "O" Bonding Company, Inc., it's agents and employees, my true and lawful attorney, for me and in my name, place and stead, to ask, demand for, recover and receive of and from all corporations, associations, and persons whatsoever, all and ever sum or sums of money due and owing or that may become due and owing to me on any and every account, whether due or to become due, and give receipts for the same, or, at discretion, to compound or compromise for the same, and give discharges; to sign any note, bond, deed, obligation, contract, or other paper to endorse promissory notes, and the same to renew from time to time, to draw by check or in any other manner or means upon any bank or banks or any corporations, associations, or individuals for any sum or sums of money that may be to my credit, or which I may be entitled to receive, or have an interest in, as I might could do; to sell any part or parts of my real or personal estate, on any interest I may have in any real or personal estate, wheresoever situated, to make all necessary deeds and conveyances thereof, with all necessary covenants, warranties, and assurances, and to sign, seal, acknowledge and deliver the same; and to do all other acts, matters and things in relation to all or any part of or interest in my property, estate, affairs, or business, of any kind or description, in this state or elsewhere, as I myself could do if acting personally.

I hereby ratify and affirm all lawful acts done by said attorney by virtue hereof.

WITNESS my hand and seal this ____ day of _____, 200__

NOTARY PUBLIC

Signature of Defendant

COMMISSION EXPIRES: _____
EXECUTED ON: _____

CONFIDENTIAL INFORMATION RELEASE

I/We, _____, hereby authorize and give permission to any agency of the United States of America and/or any other State or municipality, or any person, firm, or corporation that may hold records on me/us to furnish Double "O" Bonding Company, Inc., it's agents and employees upon its request all such information involving me in any way. Such records, I/we understand, may include information of a confidential or privileged nature, reasons for termination of employment, military records, criminal history, tax records, public or private assistance records, or any and all personal information which may not be obtained without my prior agreement. I/We hereby release any agency, person, firm or corporation from liability or damage which may result from furnishing the requested information to Double "O" Bonding Company, Inc., it's agents or employees.

I/We hereby ratify and affirm all lawful acts done by my said attorney by virtue hereof.

WITNESS my hand and seal this ____ day of _____, 200__

Signature of Defendant

Signature of Indemnitor

NOTARY PUBLIC
COMMISSION EXPIRES:
EXECUTED ON:

Signature of Co-Indemnitor

Double "O" Bonding Company, Inc.
CREDIT CARD AUTHORIZATION FORM

This ____ day of _____, 200__

I, _____, give Double "O" Bonding Company,
(Name that appears on card)

Inc., permission to charge the amount of \$_____ to my credit card, number
(Bond Fee)

_____, expiration date _____, CVV Code _____ for
(Credit Card Number) (3 digit code on back of card)

the payment of an Appearance bond for _____ in
(Defendant's Name)

_____ County, Georgia.

Cardholder Signature

Mailing Address of Cardholder

Witness-Notary Public