

BILL DAVIDSON BAIL BONDS
P.O.BOX 62
EUREKA, CA 95502
(707) 441-1800

PLAIN TALK CONTRACT

Contract Date: _____

Power #: _____

Bond Amount: _____

Premium Amount: _____

I understand that in signing this bond for obtaining the release of the defendant,

_____ that I am 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 bond, 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 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 bail premium.

I further understand that the premium owing and/or paid on this bond is fully earned upon the release of the defendant from custody. The fact that the defendant may have been improperly arrested or his/her bail reduced or 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 date the bond is exonerated before the collateral can be returned. We must receive written notice from the clerk of the court.

I am not a paid signer. I have no connection with a bail bond consultant, I have read the above contract and understand it, and agree to fulfill all of the provisions therein.

Signed: _____

Defendant

Indemnitor

Indemnitor

Agent