



Bonding of Columbus
 700 11th Street
 Columbus, Georgia 31901
 Telephone: (706) ABC-BOND – (706) 222-2663
 Email: ABCBondingCSG@gmail.com

APPLICATION FOR INDEMNITOR/CO-SIGNER

Defendant's Name: _____ Relationship to you: _____

How long have you known the Defendant? _____

Indemnitor (Your) Name: _____ Phone: _____ Mobile: Yes/No

Have you ever been arrested _____ For what _____ When _____

Race: ____ Sex: ____ D.O.B. _____ SS# _____ - _____ - _____ Driver's Lic#: _____ State: _____

Address: _____ City: _____ State/ZIP: _____

Email Address: _____

Do you OWN or RENT your home/apartment? _____ How Long: _____

Mortgage Company or Landlord _____ Phone: _____

Employer: _____ Position: _____ How Long: _____

Income Amount: \$ _____ (Weekly, Bi-Weekly, Monthly, Annually)

Employer Address: _____ Phone: _____

Auto Year _____ Make _____ Mdl _____ Color _____ Lic Plate# _____

Auto Loan Company: _____ Account Number: _____

Spouse/Significant Other Name: _____ Phone: _____

Spouse/Significant Other Employer: _____ City: _____ Phone: _____

Personal Reference

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>CITY /STATE</u>	<u>PHONE</u>
Mother			
Father			
Brother / Sister			

Best Friend			
Friend			
Name of Bank			

Referred to ABC Bonding of Columbus by: _____

Remarks: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I FURTHER UNDERSTAND THIS IS AN APPLICATION FOR A TYPE OF CREDIT AND AUTHORIZE A REVIEW OF MY CREDIT HISTORY.

(Please Initial Each Item and Sign)

_____ *ALL of the answers you have given on this application are true. If you give false information, you are subject to arrest and prosecution.

_____ *You are responsible for making sure that the address and phone numbers the Defendant has furnished us is correct. You are further responsible for keeping ABC Bonding of Columbus, LLC informed of any changes in address and phone number of the Defendant and yourself.

_____ *You are TOTALLY responsible for making sure the Defendant shows up on all his/her Court dates.

_____ *If the Defendant fails to appear at Court, you are totally responsible for payment of any expenses incurred by ABC Bonding of Columbus, LLC in the apprehension of and to return to Court or Jail the Defendant.

_____ *If you have paid a security deposit on this bond, you are informed that any expenses incurred by ABC Bonding of Columbus, LLC in finding the Defendant will be deducted from that security deposit.

_____ *You pledge that you will help ABC Bonding of Columbus, LLC in any way you can in finding the Defendant if the bond is forfeited.

_____ *IF WE ARE UNSUCCESSFUL IN FINDING THE DEFENDANT, YOU ARE TOTALLY RESPONSIBLE FOR THE PAYMENT OF THE FULL AMOUNT OF THE BOND PLUS ANY COURT COSTS INVOLVED.

_____ *If we find that you have violated any of the above requirements we will immediately surrender the Defendant and remove ourselves from the bond.

_____ *Collateral cannot be returned until the case is completely satisfied and the company receives written notice from the Clerk of the Court.

Signature of Indemnitor/Co-Signer: _____

Date: _____

INDEMNITOR/CO-SIGNER OBLIGATIONS

YOU ARE ASSUMING SPECIFIC OBLIGATIONS-READ CAREFULLY

I understand and agree that ABC Bonding of Columbus, LLC, as my bail bondsmen, shall have control and jurisdiction of me, _____, (Defendant/Principal) during the term for which the bond is executed and that you have the right to surrender me on this bond at any time that you desire, as provided by law. I further agree and understand that I will not leave the jurisdiction of the Court without the permission of ABC Bonding of Columbus, LLC; nor commit any further offenses that will subject me to any subsequent arrest, by any authority nor fail to pay any premium due; and I will notify promptly ABC Bonding of Columbus, LLC of any change or address and carefully comply with the specific instructions given to me by ABC Bonding of Columbus, LLC.

Further, I understand and agree that failure to comply with any of the herein contained conditions shall be cause for my immediate surrender without any liability for the return of any premium.

For good and valuable consideration, the undersigned _____, (Indemnitor/Co-Signer) hereby agrees to indemnify and hold harmless ABC Bonding of Columbus, LLC, as surety from any loss that they may sustain as a consequence and incident to the execution of the foregoing bond and the said Indemnitor/Co-Signer here, and acknowledges that if the connection with the execution of the foregoing bond, that he/she is responsible and admits herein his/her indebtedness to the surety/ABC Bonding of Columbus, LLC.

If you have a credit balance, the Indemnitor/Co-Signer and the Defendant agree to pay ABC Bonding of Columbus, LLC the balance of the bond fee. If the Defendant's case is dismissed you are still liable for the amount owed. If you fail to pay the balance due, a warrant will be issued for the Indemnitor/Co-Signer and the Defendant for THEFT OF SERVICES (O.C.G.A. §16-8-5).

I OWE \$ _____ TOTAL AS A BOND FEE (ABC FEE PLUS SHERIFF'S FEE)

I HAVE PAID \$ _____ AS A BOND FEE WITH \$ _____ REMAINING TO BE PAID IN \$ _____ INSTALLMENTS OVER _____

I HAVE PAID \$ _____ AS A SECURITY DEPOSIT

Signed, sealed and delivered this _____ day of _____, 20_____.

PRINCIPAL/DEFENDANT: _____

INDEMNITOR/CO-SIGNER: _____

ABC BONDING OF COLUMBUS, LLC (AGENT): _____

PRIVACY ACT WAIVER

The INDEMNITOR/CO-SIGNER hereby authorizes and directs his/her relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the United States Armed Forces, the State Division of Motor Vehicles, all Municipal-County-State and Federal Law Enforcement Agencies and any other persons or organizations that may have information concerning the INDEMNITOR/CO-SIGNER'S whereabouts to give such information to **ABC Bonding of Columbus, LLC** and its agents or duly authorized representatives. The INDEMNITOR/CO-SIGNER understands that any information obtained will be used for the purpose of securing the Defendant's appearance and/or apprehension for court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The INDEMNITOR/CO-SIGNER hereby waives his/her rights with respect to the PRIVACY ACT and authorizes the use of copies of this document by **ABC Bonding of Columbus, LLC** and its agents and/or duly authorized representatives.

THE INDEMNITOR/CO-SIGNER AND THE DEFENDANT HAVE READ AND AGREED TO THESE TERMS.

WITNESS the signature of all parties this _____ day of _____, 20_____.

INDEMNITOR/CO-SIGNER

DEFENDANT

ABC BONDING OF COLUMBUS, LLC (AGENT)

DECLARATION

STATE OF GEORGIA

_____, of _____,
(Indemnitor/Co-Signer) (Address)
state as follows:

1.

I have known _____, presently incarcerated in the
(Defendant/Principal)

_____, for a period of _____ years.
(Jail)

2.

I do/do not know him/her by any other name.

3.

I know that he/she is sometimes called _____.

4.

I understand that any false information shall result in my arrest.

DATED this _____ day of _____, 20_____.

Declarant/Indemnitor/Co-Signer

NOTICE TO ALL PERSONS CO-SIGNING ON A BOND

LISTED BELOW ARE YOUR OBLIGATIONS IF A PERSON FAILS TO APPEAR IN COURT:

- 1.) To bring the person (Defendant) back to ABC Bonding of Columbus if he/she is in forfeiture. If you refuse to bring the person (Defendant) in for surrender you may be charged with Federal Statute: Harboring or Aiding a Criminal (Fugitive) 18 U.S. Code §1071 – Concealing person from arrest and any other applicable State Laws.**
- 2.) You will be required to pay a Bounty Hunter/Bail Recovery Agent fee to locate this person and surrender them back to Jail. (If this can't be done, see #3)**
- 3.) You will be required to pay the full amount of the bond plus any Court Costs and/or Attorney's Fees within 30 days of the date of forfeiture.**

Notice is also given that if anyone gives false information about the Defendant or themselves as Co-Signers, they will be prosecuted for perjury in Superior Court for falsifying a legal document. Please be sure to get a receipt for any money paid.

Indemnitor/Co-Signer

Principal/Defendant

Date: _____

Date: _____