

Acme Bail Bonds
2674 E Main St, PMB C-209
Ventura, CA 93003
800-442-2245 Fax 888-891-8881
Insurance Bail License # 1841993



Surety Bail Bond Agreement and Liability Disclosure

I understand that I am signing this binding agreement for the release of Defendant: _____
I am responsible for him/her appearing in court each time he/she is so ordered. I understand that I am responsible for payment of any court costs for non-appearance 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 courts. I understand that I am responsible for any and all expenses incurred as a result of such forfeiture. I understand that if such forfeiture occurs and the defendant is not surrendered to the court within the time prescribed by law, I am required to pay the FULL AMOUNT OF THE POSTED BOND, including court assessed costs and any unpaid premium. Should statelaws supersede this or any part of this agreement, all of the other terms are still in full force and effect.

1) Acme Bail Bonds shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail agreement, obligations or any court instructions as provided by law.

2) It is understood and agreed upon that any of the following actions by me shall constitute a breach of my obligations to Acme Bail Bonds and its Surety Company and that Acme or its agent shall have the right to apprehend and surrender me in exoneration of the bail bond(s):
a. If I depart the jurisdiction of the court without the written consent of the court and Acme or its agent.
b. If I shall move from one address to another or change my telephone number with out notifying Acme.
c. If I commit any act which may constitute reasonable evidence of intention to cause forfeiture of bail.
d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
e. If I make/made any false statement in my bail bond application and contract with Acme Bail Bonds.

3) If I depart the jurisdiction of the court wherein my bail bond is posted, for any reason, and I am captured by Acme, or its agent, the Surety, or its agent, or any law enforcement agency, in any state other than the one which the bail bond(s) was posted, I hereby agree to voluntarily return to the State of the original jurisdiction, and I hereby waive extradition and further consent to the application of such reasonable force as may be necessary to effect such return.

4) I hereby waive any and all rights I may have under Title 28 Privacy Act & Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State Law. I consent to and authorize Acme Bail Bonds, and/or its agent, its Surety, and/or its agent to obtain any and all private or public information and/or records concerning me, and/or my minor/dependent children from any party or agency, private or government (local, State & Federal), including but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, employment records, rental/lease/purchase agreement records, any and all banking, credit union, and/or financial records. I hereby authorize without reservation, any party or agency, private or governmental (local, State & Federal), contacted by Acme Bail Bonds and/or its agent, to furnish any and all private and public information and records in their possession or their access concerning me to Acme Bail Bonds, and/or its agent, its Surety, and/or its agent. I specifically waive all my rights under the HIPA Compliance Act, Gramm-Leach-Bliley Act (GLBA) & the Financial Privacy Act of 1978.

I have read and understand these terms and conditions of Acme Bail Bonds executing the Surety bail bond

on my behalf on this _____, day of _____, 20_____.

Defendant Name

Indemnitor Name

Birth Date

SSN

Birth Date

SSN

Defendant Signature

Indemnitor Signature