

KIND BAIL –COSIGNER APPLICATION

Defendant _____ Defendant Cell # _____

Defendant Social Security Number _____ Defendant DOB ____/____/____

Defendant’s Address _____ How long? _____

How Long Has Defendant Lived In Nevada? _____ Other States Defendant Has Lived? _____

Relationship to Defendant _____ How Long? _____ Referred By: _____

Does The Defendant Have Any Open Cases/Parole/Probation? _____ US Citizen? _____

Does The Defendant Have House Arrest or Special Conditions Of Release? _____

DEFENDANT HAS 24 HOURS AFTER RELEASE TO CALL 702.450.KIND (5463) TO SCHEDULE THEIR PAPERWORK APPOINTMENT. FAILURE TO DO SO WILL RESULT IN A VIOLATION.

Your Full Name: (First) _____ (Middle) _____ (Last) _____

SSN _____ - _____ - _____ DOB ____/____/____ Cell Phone# _____

Driver's License/ID Card/Passport _____ Email Address _____

Address _____ () Own () Rent

City _____ State _____ Zip Code _____ Landlord _____

How Long Have You Lived At This Address? _____ Are You a US Citizen? _____

How Long Have You Lived In Nevada? _____ Other States You Have Lived? _____

Marital Status _____ Spouse’s Name _____

Auto Year _____ Make _____ Model _____ Color _____

Tags/Plates _____ State _____ Amount Owed _____ Lien Holder _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

References:

1. Name (First) _____ (Last) _____ Relation _____
Address _____ Years Known _____
City _____ State _____ Zip Code _____ **Phone** _____

2. Name (First) _____ (Last) _____ Relation _____
Address _____ Years Known _____
City _____ State _____ Zip Code _____ **Phone** _____

3. Name (First) _____ (Last) _____ Relation _____
Address _____ Years Known _____
City _____ State _____ Zip Code _____ **Phone** _____

I have read and had explained to me and understand the following terms and conditions of Financial Casualty and Surety executing the above listed Surety Bail Bonds on my behalf:

____ 1. A forfeiture of the bail will be entered by the court if the defendant fails to make any court appearance. I understand that if the bond is ordered forfeited and it is not ordered reinstated, or exonerated within the time allowed by law, I must pay the full amount of the bail forfeited plus expenses to the bail agent/agency.

____ 2. I understand I am responsible if it becomes necessary to arrest and surrender the defendant and that I am responsible for paying all reasonable cost incurred for locating, apprehending, transporting, and surrendering the defendant to custody. Investigation cost will begin accruing after a court forfeiture or when any co-bond agreement.

____ 3. I understand that, if the bail is ordered forfeited by the court, I am responsible to pay court costs and reasonable appearance or attorney's fees (a maximum of \$ _____) TWICE THE AMOUNT OF THE BAIL, for the bail agent to reinstate or exonerate the bail bond, if necessary.

____ 4. I understand that, if I breach the bail bond agreement by non-payment or any other action as defined by the bail agreement, I am responsible for any collection actions taken, including attorney's fees and costs.

____ 5. I understand that my collateral cannot be released until all bonds posted on my behalf for defendant have been exonerated and written notice from the court received by the bail agency.

____ 6. I understand that substitution of collateral is done at the discretion of the surety and the bail bonding agency. There are no agreements to substitute collateral at a future date.

____ 7. I understand that it is my responsibility to request return of any collateral provided. There may be a delay of return of collateral until the bail agency has researched the exoneration date and verified the bail bond status with the appropriate courts. This process may be done faster if I obtain written verification of the bond exoneration from the court and provide it to the bail agency.

____ 8. I declare that all statements made on the application and financial statement are true. I agree to notify the bail agency within 48 hours of any changes, including, but not limited to, any change of address, or employment of either myself or the criminal defendant.

____ 9. I understand the obligations under this agreement are joint and several. This means that I may be held solely and individually liable for up to the full amount owed for all charges, even if there are other Cosigners on the agreement.

____ 10. Agreement of Venue: I agree that if legal action between the parties concerning this bail bond is brought, it shall be brought in and before a federal or state court in CLARK COUNTY and in the State of Nevada.

Indemnitor's Signature _____

Date _____

State of **Nevada** County of **Clark**

This instrument was acknowledged before me on this ____ day of _____, 20 ____ by _____.

Signature of Notarial Officer