Capps Bail Bonds

BAIL BOND CONTRACT and AGREEMENT

I, _____, Defendant/Principle, hereby agree to the following terms and conditions in consideration for Capps Bail Bonds and its agents acting as Surety on my bond:

1. To APPEAR IN COURT on all dates indicated by Capps Bail Bonds by my attorney, the court, or clerk of the court for any and all courts where I have a case or cases pending. I understand that I am "on bond" until all my cases are disposed of, meaning that I have received a dismissal or a judgment which has been signed by a judge, filed with the clerk, and a copy given to my bail bond company.

2. To CHECK IN with my bail bond company ONCE A WEEK (MONDAY ONLY) BETWEEN 9AM – 3PM UNTIL ALL CASES HAVE BEEN RESOLVED.

GRIMES COUNTY OFFICE- 936-873-9996 WALLER COUNTY OFFICE- 979-826-3733

WASHINGTON COUNTY OFFICE- 979-251-7505 LEON COUNTY OFFICE- 903-536-4468

MIDLAND COUNTY OFFICE- 432-262-2245 ECTOR COUNTY OFICE- 432-351-9799

3. To REPORT ANY CHANGES in address, telephone number, employment, or attorney to Capps Bail Bonds.

4. To PAY as agreed in the attached "Payment Agreement." I understand the payment I have made thus far is A FEE and is non-refundable.

5. To NOTIFY Capps Bail Bonds within 24 HOURS if ARRESTED in any county.

I authorize Capps Bail Bonds to post my bond in the event of a subsequent arrest prior to the notification above. I understand if I violate any conditions of bond or get arrested on a new case, the surety will surrender my bonds for that reason alone. I understand that failure to comply with any of these requirements may result in Capps Bail Bonds filing an Affidavit of Surety to Surrender, which will result in a warrant being issued for my arrest. I understand that if this occurs, no fees, premiums, cash deposits or collateral are refundable. I understand that if I fail to comply with any portion of this agreement, any and all legal remedies available by law will be pursued against both me and the person who signed as my Indemnitor/CoSigner. I understand that **BAIL JUMPING** is an offense punishable by law. I further agree that in the event I fail to appear in any court that this Surety Company has bonds outstanding in, the cosigner will pay the Surety, in certified funds, the face value of all bonds forfeited plus the cost of court for each bond within 10 days of the failure to appear date.

X_____ _____

Client's Signature (DEFENDANT/PRINCIPLE) Date