**Sunset Bail Bonds**

2118 Wilshire Blvd #841, Santa Monica, CA 90403

**BAIL AGREEMENT CHECK LIST:**

Defendant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bond #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<PLEASE READ EACH LINE BEFORE ADDING YOUR INITIALS>**

Defendant Indemnitor

I am 100% responsible for the bail premium, which is fully earned upon release of defendant. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

I am 100% responsible for the total bail amount in the case the defendant fails to appear. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

I am 100% responsible for all costs associated with surrendering the defendant to jail. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

I am 100% responsible for the owner’s (Eric Ringwood) rate of $250.00 PER HOUR should \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

he have to work addition hours on collections of unpaid premium, bail skips, and small claims.

(follow up calls, administrative, legal advice, process server, etc.)

Defendant’s Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indemnitor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indemnitor’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indemnitor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indemnitor’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indemnitor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indemnitor’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bail Agent’s Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(As witness)

Bail Agent’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_