

A-Alliance Bail Bonds, Inc.
10476 64th Way NE
Albertville, MN 55601
866-828-6179

Bond Number: _____
Bail Amount: _____
Premium Amount: _____
Amount Paid: _____
Balance Due: _____

Date: _____

Defendant: _____

Jail: _____

(INITIAL)

_____ 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, that I must pay the full amount of the bail forfeited to the bail agency.

_____ 2. I understand I am responsible if it becomes necessary to arrest and surrender the defendant and that I am responsible for paying for investigation, location and apprehension, which is billed at a rate of **\$250.00** per hour per investigator plus expenses or 10% of the bond whichever is greater. Investigation costs begin to accrue after court forfeiture or when any co-signer requests the defendant be placed back into custody or when any condition exists as a breach of the bail bond agreement. If no investigation costs have been incurred prior to the voluntary surrender of the defendant at the jail facility of the court specified on the bail receipt there will be no investigation cost charged.

_____ 3. I understand that if the bail is ordered forfeited by the court, that I am responsible to pay court costs and reasonable appearance fees (a minimum of **\$350.00**) for the bail agency 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 fees and costs. Attorney's fees are a minimum of \$125.00 per hour. If any collection action needs to be taken, a minimum fee of \$75.00 will be charged.

_____ 5. I understand that it is my responsibility to request return of any collateral provided. There may be a delay in 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.

_____ 6. This checklist is intended to explain and clarify the standard bail agreement which is the entire contract with the bail agency. There are no additional terms nor are there any exemptions to the contract, either in writing or verbally, that limit my responsibility under the bail agreement.

_____ 7. I declare that all statements made on the application and attached documents are true. I agree to notify the bail agency within 48 hours of any changes, including but not limited to any change of address, phone number, or employment of either the defendant or myself.

_____ 8. I understand the obligation under this agreement is joint and several. This means that I may be held solely and individually liable for up to the full amount owed for any and all charges, even if there are other co-signers on the agreement.

_____ 9. 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 _____ County in the State of MN.

_____ 10. I understand that by entering into this bail agreement, I am waiving certain legal rights I would otherwise have, and that should it become necessary to re-arrest the defendant due to a breach of this agreement, the defendant's failure to appear, or the direction of any co-signer to revoke the bail bond, that the bail agency or its representatives are authorized to enter any of the parties' residential dwellings at any time to affect an arrest and that reasonable force may be used to accomplish the arrest and that reasonable force may be used to accomplish the arrest.

****I HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS AND UNDERSTAND MY RESPONSIBILITIES AND OBLIGATIONS AS INDEMNITOR.****

Signature: _____

Signature: _____

Name (print): _____

Name (print): _____

Acknowledgment

STATE OF MINNESOTA

COUNTY OF _____,

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

Notary Public

My Commission Expires