

**Lexington National
Insurance Corporation**

P.O. Box 6098
Lutherville, MD 21094
(410) 625-0800

PLAIN TALK CONTRACT

Casey's Bail Bonds

4101 West Highway 16
Bremerton, WA 98312
360-874-7568
www.wastatebailbonds.com
CASEYBC999DN

Contract Date: _____

Power No.: _____

Bond Amount: _____

Premium
Amount: _____

I understand that in signing this bond for obtaining the release of the defendant, _____

that I am responsible for him/her appearing in Court each time he/she is so ordered; also, 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 Court, I understand that I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not surrendered to the Court within the time prescribed by law, I understand that I am required to pay the **FULL AMOUNT** of the bond posted, including any unpaid bail premium.

I further understand that the premium owing and/or paid on this bond is fully earned upon the release of the defendant from custody. The fact that the defendant may have been improperly arrested, or his/her bail reduced, or his/her case dismissed, shall not obligate the return or forgiveness of any portion of the premium.

IMPORTANT NOTICE:

THERE IS A WAITING PERIOD OF APPROXIMATELY 30 DAYS FROM THE DATE THE BOND IS EXONERATED BEFORE COLLATERAL CAN BE RETURNED. WE MUST RECEIVE WRITTEN NOTICE FROM THE CLERK OF THE COURT.

Signed: _____

DEFENDANT

INDEMNITOR

INDEMNITOR

AGENT