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Financial Casualty & Surety, Inc.
P.O. Box 4479
Houston, Texas 77210-4479

INDEMNITORS AGREEMENT

Defendant _____ Date _____

Bond No. _____ Case # _____

Bond Amount _____

Bond Premium _____

I understand that in co-signing this bond for obtaining the release of _____ that I am responsible for him or her appearing in Court each time he or she is so ordered, also I understand that I am responsible for payment of any Court costs for non-appearance should the defendant fail to appear and the Court forfeits the bond. Should it become necessary to apprehend and surrender the defendant 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 the defendant is not surrendered to Court within the time prescribed by law, I understand that I am required to pay the Full Amount of the bond posted, including unpaid premium.

Collateral cannot be returned until such time as the Company received written notice from the Clerk of the Court verifying Exoneration.

I hereby waive any and all rights I may have under Title 28 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize Financial Casualty and Surety, and/or its Agent, to obtain any and all private or Public information and/or records concerning me from any party or agency, private or government (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, employment records. I authorize without reservation, any party or agency, private or government (local, State, Federal), contacted by Financial Casualty and Surety, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to Financial Casualty and Surety, and/or its Agent.

I have read the above contract and understand it, and agree to fulfill ALL the provision therein.

Indemnitor signature	Print name	Date
Indemnitor signature	Print name	Date
Indemnitor signature	Print name	Date
Defendant signature	Print name	Date

Agent _____ - GOLDEN STATE BAIL BONDS