

Kwik and EZ Bail Bonds, DCJS #99324701; 703.798.8510 or 757.745.9451

Date: _____ Court: _____ Bond Amount \$: _____

Bond Fee: \$ _____ Bond Fee Paid: \$ _____ Unpaid Bond Fee: \$ _____ Bonded by: _____

Any Unpaid Bond Balance will be subject to an Additional \$25.00 Processing Fee. Unpaid Bond Fee Due By: _____

Charges: _____ Other Names/Alias: _____

Full Name: _____ Social Security #: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: _____ Mobile/Other #: _____ Email/Social Media: _____

Other Address: _____ City/State/Zip: _____

Date Of Birth: _____ Age: _____ Height: _____ Weight: _____ Scars/Tattoos: _____

Hair Color: _____ Eye Color: _____ Race/Ethnicity: _____ Sex: _____

Employer: _____ Phone #: _____ How Long: _____

Address: _____ City/State/Zip: _____

LIST FAMILY AND/OR FRIENDS AS PERSONAL REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Relation: _____ Phone: _____ Relation: _____ Phone: _____

CO-SIGNER(S) INFORMATION ONLY

Full Name: _____ Social Security #: _____

Relationship to Defendant: _____ Driver's License/ID #: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: _____ Mobile/Other Phone: _____

Birthdate: _____ Sex: _____ License Plate #: _____ Email/Social Media: _____

Employer: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Supervisor: _____ Department/Position: _____ How Long: _____

I (We), the cosigner(s), understand that I am (we are) responsible for the appearance of the person named above (the defendant) to be in the respective court(s) on any given date(s) issued by the court(s). If this person does not appear in court, I (we) will be responsible for the entire amount of the bond and all expenses (travel fees, bail enforcement fees, attorney costs, court cost and etc.) that may be incurred in the process and re-arrest of the named person. **I (WE) THE CO-SIGNERS, AND THE DEFENDANT, ALSO UNDERSTAND THAT WE WILL NOTIFY KWIK AND EZ BAIL BONDS IMMEDIATELY OF ANY CHANGES TO THE PHONE NUMBERS AND/OR ADDRESSES LISTED ABOVE.** For the value received, the undersigned defendant and co-signer(s), jointly and separately, promise and agree to pay Kwik and EZ Bail Bonds, DCJS #99324701 for any loss they suffer by the failure of the defendant to fulfill all of the conditions of this bond and/or his/her release. **Any false information provided will result in immediate revocation.**

Co-Signer Signature Date _____

Co-Signer Signature Date _____

Defendant Signature Date _____

DATE:

KWIK AND EZ BAIL BONDS

DCJS # 99324701

CLIENT:

NORTHERN VA: 703.798.8510

HAMPTON ROADS: 757.745.9451

Pursuant to Section 38.2-1812.2 of Code of Virginia, our agency may charge administrative fees. Our fee schedule is as follows: Copies/Forms mailed/faxed – \$15.00; Co-signed/Indemnity or Replacement - \$75.00; Discharge of Liability - \$50.00; File and Information Process Fee - \$25.00; Reinstatement/Rewrite - \$25.00; Return Check Fee - \$75.00; Revoked Bond Fee - \$150.00; Special Mailings - \$15.00 minimum +Cost; Travel Fee Per City/County - \$25.00 weekdays and \$35.00 weekends; Any Attorney/Court Fees – 100% of fees + cost and expenses; Bail Enforcement Fees - 15% of bond + expenses; Court Appearances - \$125.00 per appearance; Credit Finance – 18% per annum; Information Research - \$80.00 per hour; Investigative Fees - \$100.00 per hour. These fees are applicable until the case is disposed of in the appropriate court of the appropriate jurisdiction, and any unpaid balance is paid. The agent is entitled to receive a commission from the insurer for selling, soliciting, or negotiating the insurance coverage.

Collateral

I (we), the co-signer(s), **HAVE/HAVE NOT** deposited collateral with the agent of Kwik and EZ Bail Bonds for the purpose of this bail bond and have received a copy as the COLLATERAL RECEIPT. Any collateral deposited will be returned upon the completion of the defendant's court case(s) and the liability regarding this bail bond is discharged/ released.

Terms and Conditions

The defendant swears/affirms to appear, in person, at all times and places designated by the court(s), to obey all of the terms and conditions of his/her recognizance, to keep the peace, to be of "good" behavior, and to remain within the territorial boundaries of the Commonwealth of Virginia. All these conditions shall be binding until, such time as, the matter concerning the defendant has been completely disposed of, the bail bond has been lifted by the appropriate jurisdiction and the appropriate Surety has been discharged of all liability regarding this bail bond.

In the event Kwik and EZ Bail Bonds is unable to have this bail bond discharged/released, for any reason whatsoever, the undersigned shall immediately reimburse Kwik and EZ Bail Bonds to the undersigned address listed below shall, for the purpose of this document, be considered good and sufficient. Failure of the undersigned to pay the full amount of the bail bond and costs related to above when due on this or any other collateral agreement between Kwik and EZ Bail Bonds after three (3) days notice has been given, shall constitute breach of this agreement for which Kwik and EZ Bail Bonds may recover from the undersigned all sums plus court cost, and interest at the rate of eighteen percent (18) per annum for percent on the unpaid balance, when due. If the defendant misses the court date and voluntarily turns his or herself in to the appropriate jail within 5 days of missing the court date, the defendant and co-signer will not be responsible for the bond amount, legal, and/or bail enforcement / bounty hunting fees. This agreement shall be governed by the laws of the Commonwealth of Virginia. The City of Portsmouth and/or The County of Henrico shall be the proper venue for any action to recover any amount due to settle any dispute regarding this agreement.

IF THE DEFENDANT'S BOND AMOUNT IS \$5,000 OR GREATER, THERE IS A BALANCE REMAINING ON THE ACCOUNT, OR THE DEFENDANT HAS BEEN CHARGED WITH A FAILURE TO APPEAR, THE DEFENDANT MUST CALL INTO THE OFFICE ON **EVERY Monday UNTIL THE COURT CASE IS DISPOSED OF**. THE OFFICE # IS **703-798-8510** WHEN THE DEFENDANT CALLS IN, HE/SHE IS EXPECTED TO GIVE HIS/HER NAME, COURT(S), AND COURT DATE(S) THAT HE/SHE IS REQUIRED TO APPEAR. **(Initials)**_____

I (We) the co-signer(s) and the defendant, hereby sell, assign, and grant Kwik and EZ Bail Bonds, DCJS 99324701, or those for whom they are acting, the right and permission to broadcast my visual likeness (and/or other persons who appear in our video, i.e., husband, wife, parents, guardians, fugitive, co-signers) in which I may be included in whole or in part or composite or reproductions or otherwise made through any media for any broadcast purpose or any similar lawful purpose. I (We) the co-signer(s) and the defendant have read and fully understand the administrative fee schedule listed above, and agree to be liable for all fees stated. I (We) the co-signer(s) and the defendant also understands the terms and conditions of this bail bond contract.

1st Co-Signer Printed Name

2nd Co-Signer Printed Name

Defendant Printed Name

1st Co-Signer Signature/Date

2nd Co-Signer Signature/Date

Defendant Signature/Date

Dollars: _____ Date: _____

Amount		<input type="checkbox"/> Cash	
Payment		<input type="checkbox"/> Credit Card	Credit Card Authorization
Bal Due		<input type="checkbox"/> Check	From: _____ To: _____
Bal Due Date		<input type="checkbox"/> Credit Card	By: _____