

**BAIL BOND PREMIUM RECEIPT
AND STATEMENT OF CHARGES**

RECEIPT NO.: _____

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. Date Payment Made _____ Date of Defendant's Arrest _____
2. Amount Received _____ Dollars (\$ _____)
3. In the form of cash check money order credit card other _____
4. Payer's Name _____
 First Middle Last
5. Payer's Address _____
 Street City State Zip
6. In connection with a Bail Bond(s) for Defendant _____
 First Middle Last
7. Bail Bond Amount(s) _____ Power Nos. (if known) _____
8. Date of Defendant's Release on Bail _____
9. Court Name & Address _____
10. Date & Time of Next Required Court Appearance _____
11. Charged with _____
12. Bail Bond Premium _____ \$ _____
13. Itemized Expenses (if and as permitted by applicable law) _____
 _____ \$ _____
 _____ \$ _____
14. Total Charges (premium plus any itemized expenses) _____ \$ _____
15. Amount Paid _____ \$ _____
16. Balance Due _____ \$ _____
17. Was collateral taken? Yes No If yes, collateral receipt # _____

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

PAID BY:

 Payer Signature

RECEIVED BY:

 Producer/Representative Signature

 Payer Name (PRINTED)

 Producer Name (PRINTED)

THIS FORM IS NOT FOR USE IN ARKANSAS, COLORADO OR NEW MEXICO

Surety: LEXINGTON NATIONAL INSURANCE CORPORATION P.O. Box 6098 Lutherville, Maryland 21094 Phone: (888) 888-2245	Bail Producer Stamp: [must include name, address, phone no., and license no.]
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