



3-D Bail Bonds Inc

860-247-2245 - 800-570-5544

57 Fishfry Street, Hartford CT 06120
15 Arch Street, New Britain CT 06051

Bond Amount	
Premium Due	
Amount Paid	
Balance Due	
Receipt #	
Collected By	

NOTICE TO COSIGNER

I UNDERSTAND THAT I AM SIGNING FOR A BAIL BOND AND OBTAINING THE RELEASE FROM CUSTODY DEFENDANT NAME: _____ FOR A BOND OR BONDS IN THE AMOUNT OF \$_____ I AM RESPONSIBLE FOR THE FOLLOWING TERMS:

- THE DEFENDANT APPEARING IN COURT EVERY TIME THEY ARE SO ORDERED.
- Payment of unpaid premium if the defendant fails or is unable to pay.
- If a forfeiture occurs I understand there is a minimum **\$50.00 fee** to create the file. I give 3-D Bail Bonds, Inc or its agents the right to search for the defendant in any residence of mine or place of residence known to be occupied by me. I am further responsible for any expenses incurred if it becomes necessary to apprehend and surrender the defendant to the court.
- In the event of a bond forfeiture where the defendant is not returned to the court for **any** reason, including deportation within the time prescribed by law, I will pay the full amount of the bond, including unpaid premium, attorney fees, court costs, interest, and investigation fees.
- Payment of any and all costs incurred as a result of the Defendant's nonappearance or if they fail to follow all instructions or if the Court forfeits the bond for any reason.
- I will inform 3-D Bail Bonds within 5 days of any and all changes of address and/or telephone numbers for any and all cosigners as well as the defendant. **X**_____

ONCE THE BOND(S) ARE POSTED, THE PREMIUM IS NOT REFUNDABLE

I HAVE READ AND I UNDERSTAND AND AGREE WITH THE PROVISIONS SET FORTH. I AGREE TO FULFILL ALL OBLIGATIONS TO THEM. I FURTHER AFFIRM AND ATTEST THAT WITHOUT COERCION, I, AS A DULY DESIGNATED REPRESENTATIVE OF THE DEFENDANT AUTHORIZE ANY LICENSED AGENT EMPLOYED BY 3-D BAIL BONDS, INC TO BEGIN THE BAIL PROCESS AND EXECUTE THE BOND(S) ON OUR BEHALF.

Signature of Cosigner

Date

Cosigner's Name _____ Relationship to Defendant _____

Social Security #: _____ - _____ - _____ Date of Birth ____/____/____ Drivers Lic. or I.D. # _____

Cosigner's Address _____ APT # _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Employer _____

Work Phone (_____) _____ Employer's Address: _____

References:

Name _____	Phone _____	Relation _____
Name _____	Phone _____	Relation _____
Name _____	Phone _____	Relation _____
Name _____	Phone _____	Relation _____