

Lexington National Insurance Corporation  
P.O. Box 6098  
Lutherville, Maryland 21094  
410-625-0800/888-888-2245

Agency: _____
Address: _____
_____
_____
Phone: _____

BAIL BOND POWER NUMBER: \_\_\_\_\_  
(Power of Attorney with this number MUST be attached).

IN THE \_\_\_\_\_ COURT, FOR \_\_\_\_\_ COUNTY, STATE OF MONTANA.

CITY of \_\_\_\_\_ )  
STATE OF MONTANA Plaintiff ) CAUSE NO. \_\_\_\_\_  
\_\_\_\_\_  
VS. )  
\_\_\_\_\_  
Defendant )

An order having been made on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the Court aforesaid, that the Defendant be held to answer upon the charge(s) of \_\_\_\_\_ upon which the Defendant has been duly admitted to the bail in the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), Lexington National Insurance Corporation, a Florida corporation, as surety, duly authorized to transact surety business in the STATE of MONTANA, hereby undertakes that the above named Defendant will appear and answer to the charge(s) above mentioned in whatever Court the case may be prosecuted, and will at all times hold Defendant amenable to the orders and process of the Court and if Defendant fails to appear, then in accordance with the laws of Montana, Lexington National Insurance Corporation will pay the STATE of MONTANA the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_).

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
Attorney-in-Fact for Lexington National Insurance Corp.

\_\_\_\_\_  
(print name)

NOTE: ALL notices of Forfeiture must be mailed to Lexington National Insurance Corporation at the address set forth above within TEN (10) days of the Defendant failing to appear. This is an Appearance Bond only. This bond cannot be construed as a guarantee for failure to perform any other condition of release, including payments of restitution, fines or wage law claims, nor can it be used as a bond on appeal. This bond is void if written for an amount greater than the power of attorney attached hereto, if more than one such power is attached, or if written after the expiration date specified on the attached power of attorney.

RETURN THIS PORTION TO THE SURETY UPON EXONERATION OF BOND.

BAIL BOND POWER NUMBER: \_\_\_\_\_ POSTED ON: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_ CHARGE(S) \_\_\_\_\_

DATE BOND EXONERATED: \_\_\_\_\_

COURT SEAL AND/OR COURT CLERK'S SIGNATURE \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_