## BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES

RECEIPT NO.:
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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 Arres	st		
2. Amount Received			Dollars (\$)		
3. In the form of □ca	sh	r credit card other			
4. Payer's Name					
	First	Middle	Last		
5. Payer's Address	Street	City	State	Zip	
6 In connection with a		•	Suite	ыp	
O. In connection with a	Bail Bond(s) for Defendant _	First	Middle	Last	
7. Bail Bond Amount(s)	Bail Bond Amount(s) Power Nos. (if known)				
8. Date of Defendant's l	Release on Bail				
9. Court Name & Addre	ess				
	Required Court Appearance				
11. Charged with	•				
12. Bail Bond Premium			\$		
	f and as permitted by applicab	ole law)			
10. 2m2-u = (	and as between -2 -LL	,,,	\$		
		<del>-</del>			
	um plus any itamizad avnansa		\$		
14. Total Charges (premium plus any itemized expenses)			\$		
15. Amount Paid			\$		
16. Balance Due			\$		
	Yes No If yes, coluted by Defendant, Indemnite of by reference.		ed to the Bail Bond(	(s) are incorporated	
PAID BY:		RECEIVED B	RECEIVED BY:		
Payer Signature Producer/Rep			presentative Signature		
Payer Name (PRINTED)		Producer Name	Producer Name (PRINTED)		
THIS FORM	TIS NOT FOD HSE IN ARKA	NCAS COLODADO NEW I	MEVICO OD NEW '	VADE	
Surety:	I IS NOT FOR USE IN ARRA		COLORADO, NEW MEXICO OR NEW YORK  Bail Producer Stamp: [must include name, mailing address, E-		
LEXINGTON NATIONAL IN P.O. Box 6098	SURANCE CORPORATION		mail address, phone #, and license #.		
Lutherville, Maryland 21094					
Phone: (888) 888-2245 E-mail: Info@lexingtonnationa	ıl.com				

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