## **Texas Bail Bond Receipt**

Date of Payment:		Time of Payment:			
State of Texas Vs	•			(Defendant)	
County:	Court:	Case No:	Charge:	Bond Amt: \$	
				Bond Amt: \$	
				Bond Amt: \$	
County:	Court:	Case No:	Charge:	Bond Amt: \$	
Power No				Bond Amount: \$	
		Payment on Account:		\$	
Itemized Expense					
				\$	
				\$	
3)				\$	
Total Charges (pr	emium plus any item	nized expense)		\$	
Amount Paid:				\$	
Balance Due:	ard Money Order		_ Other: pt No	\$	
that the defenda	nt may have been im	properly arrested, re-	arrested, the case dismis	elease from custody, and the fact sed, or the bail reduced shall no e provided by applicable law.	
Paid By:			Received By:		
Payer Signature			Signature of Person Receiving Payment		
Payer Name (Printed)		<del></del>	Printed Name of Person Receiving Payment		
Payer Address		<del></del>			
Payer Phone		<del></del>			
Surety: LEXINGTON NATIONAL INSURANCE CORPORATION P.O. Box 6098 Lutherville, Maryland 21094 Phone: (888) 888-2245 E-mail: Info@lexingtonnational.com			Bail Bond Agent Stamp: [must include name, mailing address, E-mail address, phone #, and license #.]		