MINNESOTA BAIL BOND PREMIUM RECEIPT **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).

Defendant Information:

1. Defendant Name: _____ _____ _____
   First Middle Last
2. Date of Arrest: _____ Date of Defendant's Release on Bail: _____
3. Power Number(s): _____ Bail Bond Amount (s): $_____
4. Charged with: _____ Court Name: _____
   Charged with: _____ Next Court Date/Time:_____

Payer information:

5. Payer Name: _____ _____ _____
   First Middle Last
6. Payer Address: _____ _____ _____ _____
   Street City State Zip

Payment Information:

7. Bail Bond Premium Amount: $_____ Cash Bond Option? Yes: ☐ No: ☐
8. Itemized Expenses:
   - 2% credit card fee: $ _____
   - Travel: $ _____

   Travel fee notes:
9. Total Charges: (Sections 7 & 8) $ _____
10. Total Collected: $ _____
11. Balance Due: $ _____ Payment Date: _____
12. Cash $_____ Check $_____ CC $_____ Other _____ $_____
13. 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

_____
Payer Name (printed)

RECEIVED BY:

_____
Producer Signature

_____
Producer Name (printed)

Surety:
LEXINGTON NATIONAL INSURANCE CORPORATION
P.O. Box 6098
Lutherville, Maryland 21094
Phone: (888) 888-2245

Bail Producer Stamp:
MIDWEST BONDING, LLC
PO Box 125
Winona, MN 55987
Phone (507) 454-0600
License Number: 20290337

White – Producer Copy • Yellow – Payer Copy