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) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. Date Payment Made _____ Date of Defendant's Arrest _____
2. Amount Received _____ Dollars ($_____)
3. In the form of ☐cash ☐check ☐ money order ☐credit card ☐ other _____
4. Payer's Name _____ _____ _____
   First Middle Last
5. Payer's Address _____ _____ _____ _____
   Street City State Zip
6. In connection with a Bail Bond(s) for Defendant _____ _____ _____
   First Middle Last
7. Bail Bond Amount(s) _____ Power Nos. (if known) _____
8. Date of Defendant's Release on Bail _____
9. Court Name & Address _____
10. Date & Time of Next Required Court Appearance _____
11. Charged with _____
12. Bail Bond Premium $_____
13. Itemized Expenses (if and as permitted by applicable law)
    _____ $_____
    _____ $_____
14. Total Charges (premium plus any itemized expenses) $_____
15. Amount Paid $_____
16. Balance Due $_____
17. 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: RECEIVED BY:

_____ _____
Payer Signature Producer/Representative Signature

_____ _____
Payer Name (PRINTED) Producer Name (PRINTED)

THIS FORM IS NOT FOR USE IN ARKANSAS, COLORADO OR NEW MEXICO

Surety:	Bail Producer Stamp: [must include name, mailing address, E-mail address, phone #, and license #.
LEXINGTON NATIONAL INSURANCE CORPORATION P.O. Box 6098 Lutherville, Maryland 21094 Phone: (888) 888-2245 E-mail: Info@lexingtonnational.com	

White – Producer Copy • Yellow – Payer Copy

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