



ANTHONY BAIL BONDS, LLC.

P.O Box 11085 Waterbury, CT.06703 Phone 860.982.6290 Fax 203.596.8088

WWW.ANTHONYCTBAILBONDS.COM

COSIGNER AGREEMENT

Cosigner's Name _____

Relationship to Defendant _____

Cosigner's Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Social Security # _____ - _____ - _____

Date of Birth _____ / _____ / _____
Month Day Year

DMV Number _____

I UNDERSTAND THAT I'M SIGNING THIS BOND AND OBTAINING THE RELEASE OF:

Defendants Name: _____ D.O.B _____

Bond Amount \$ _____

I AM RESPONSIBLE FOR THE FOLLOWING TERMS:

THE DEFENDANT APPEARING IN COURT EACH AND EVERY TIME THEY ARE SO ORDERED.

Payment of court cost for nonappearance or if the defendant fails to follow any/all instructions or should the court forfeits the bond. Payment of unpaid premium if the defendant fails or is unable to pay.

If it becomes necessary to apprehend and surrender the defendant to the court, all expenses incurred as a result of such forfeiture.

If forfeiture occurs I give the **Anthony Bail Bonds** company and/or its agents the right to search any residence of mine or place of residence known to be occupied by me for said defendant.

If forfeiture occurs and defendant is not surrendered within the time prescribed by law, I will pay the full amount of the bond, including unpaid premium, attorney fees, Court cost, interest and investigators fees.

Collateral will not be returned until 7 business days after **Anthony Bail Bonds LLC**. Receives notice from the court verifying exoneration of the bond. All written obligations / agreements must be satisfied prior to the return of collateral. Collateral must be requested within 180 days of the exoneration of the bond. Collateral will be returned during normal business hours.

Anthony Bail Bonds, Inc. must be informed within 72 hours of any and all changes of address and/or telephone number for all cosigners and defendants.

ONCE THE BOND IS EXECUTED THE PREMIUM IS NOT REFUNDABLE.

APPLICATION FEES APPLIED ARE NOT REFUNDABLE.

I HAVE READ AND UNDERSTAND THE ABOVE CONTRACT AND AGREE TO FULFILL ALL OF ITS PROVISIONS.

SIGNATURE OF COSIGNER / PHONE NUMBER

DATE

