Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phoenix, AZ 85003
(602) BAIL-247 FAX: (602) 467-3416

INDEMNITOR INFORMATION

DEFENDANT NAME: _____

NAME:_____ SOCIAL SECURITY #: _____

ADDRESS: _____APT #:_____

CITY :_____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH:_____PHONE #:_____ CELL PHONE #_____

RELATIONSHIP TO DEFENDANT:_____ YEARS KNOWN: _____

IS THE DEFENDANT A US CITIZEN? _____

YOUR EMPLOYER:_____ OCCUPATION: _____

EMPLOYER ADDRESS: _____CITY:_____STATE:_____ZIP:_____

WORK NUMBER: _____ TIME AT JOB: _____

PERSONAL REFERENCES : (PROVIDE 3 NAMES, ADDRESSES, TELEPHONE NUMBERS)

1) _____

2) _____

3) _____

WHERE DOES THE DEFENDANT LIVE?_____

CITY: _____STATE: _____ZIP CODE:_____

WHO DO THEY LIVE WITH?_____ DEFENDANT TELEPHONE NUMBER_____

DOES THE DEFENDANT HAVE ANY PENDING COURT CASES?
IF SO, WHAT CASE AND WHERE? _____

If collateral being used is a vehicle(s), Sanctuary Bail Bonds has the right to request the vehicle(s) be brought to Sanctuary Bail Bonds to confirm the condition and value of the vehicle at any time. If the vehicle(s) has decreased in value or has additional damage, Sanctuary Bail Bonds reserves the right to request additional collateral. Not supplying additional collateral could result in a revocation of the bond(s) at the indemnitors and /or clients expense.

SHOULD THE DEFENDANT'S BOND GO TO WARRANT STATUS, THE COURTS COULD CHOOSE TO FORFEIT THE ENTIRE BOND, PARTIAL AMOUNT OR EXONERATE THE WHOLE BOND. IN ORDER TO REDUCE THE RISK OF FORFEITING YOUR COLLATERAL, YOU WILL BE REQUIRED TO BE PRESENT IN PERSON OR BY PHONE AT THE FORFEITURE HEARING.

I UNDERSTAND MY RESPONSIBILITIES AS AN INDEMNITOR ON A BAIL BOND AND ALL ACCOMPANYING DOCS EXECUTED HEREIN.

I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

Indemnitor Signature _____ **Date:** _____

Agent Signature _____ **Date:** _____

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FOR INTERNAL USE ONLY

DEFENDANT INFO

Defendant Name | Def - SSN | Def - DOB

Def - Street Address | Def – City, State Zip

BOND INFO

Total Bond Amount | Bond Amount Spelled Out | Total Bond Fees | Bond Fees Above 10%

Power Number 1 | Case Number 1 | Court 1 | Court Date 1 | Bond Amount 1 | Bond Premium 1

Power Number 2 | Case Number 2 | Court 2 | Court Date 2 | Bond Amount 2 | Bond Premium 2

Date Posted

City | County | State

INDEMNITOR INFO

Indemnitor 1 Name | Indem 1 Address | Indem 1 Phone

Indemnitor 2 Name | Indemnitor 3 Name | Indemnitor 4 Name

Collateral

FOR INTERNAL USE ONLY

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CONDITIONS OF RELEASE

Every Defendant utilizing the services of Sanctuary Bail Bonds, LLC must follow all conditions listed below. Failure to do so may be considered grounds for revoking bail. **Conditions are as follows:**

1. **Defendant must attend all court dates without exception.**
2. Defendant is **required to contact/report to office within 24 hours of release**. Failure to do so may result in bond surrender and re-arrest plus any costs associated with these results.
3. Sanctuary Bail Bonds maintains jurisdiction and control over the defendant until bond is exonerated. Sanctuary Bail Bonds and its agents have the right to apprehend, arrest, and surrender the Defendant to the proper authorities at any time, as provided by law.
4. Defendant must remain arrest free while the bond is active and must not commit any new offenses that could result in re-arrest or bond forfeiture.
5. Defendant must report to Sanctuary Bail Bonds at any time if requested for a personal check-in.
6. The Defendant **is required to check-in via text message, telephone, and/or in person twice a week** until the case is resolved in court.
   Mon: **Tues:** ☑ Wed: Thurs: **Fri:** ☑ Sat: Sun:
   Defendant must provide a valid cell phone for SMS/Text check-in instructions.
   a. SMS/Telephone Check-in hours are 9:00 AM to 9:00 PM on designated check-in days. Late check-ins may result in penalties or bond revocation.
   b. **The Defendant MUST report in person for a check-in at least once per month, or as directed by Sanctuary Bail Bonds. Hours are Mon-Saturday 10 a.m. to 4 p.m.**
7. Defendant must notify Sanctuary Bail Bonds, LLC immediately **of any address or phone number changes**. Proof of change-address with the court(s) must be provided within 72-hours of change.
8. Once the bond is posted, if the County of incarceration does not release the Defendant, the bond premium is non-refundable.
9. If there is any breach of contract, **the Defendant and Indemnitor agree that any collateral provided may be forfeited or sold to cover any fees or expenses incurred on the Defendant's behalf.**
10. Any storage fees must be paid monthly unless otherwise written in the contract.
11. It is the responsibility of both the Indemnitor and Defendant to pay any remaining premium balance, even if the Defendant becomes re-incarcerated.
12. Defendant will **not be permitted to leave the county or state of incarceration** without written permission from the court(s.)
13. Defendant may be required to visit a Sanctuary Bail Bonds office as determined by the company. Defendant is subject to random home or work visits by a Sanctuary Bail Bonds agent.
14. If an agent must appear in court on behalf of the Defendant, there is a $300 minimum fee for each visit.
15. **All storage fees, liabilities and costs MUST be paid in full before any collateral is released.**
16. Cash collateral will be returned only to the Indemnitor within 7 days after Sanctuary Bail Bonds receives a copy of the exoneration from the client or Indemnitor. All bonds must be exonerated before any funds are returned. **If the bond was a "cash" bond and not a "secured" bond, Sanctuary Bail Bonds must wait until the court returns the funds before releasing the cash collateral.**
17. Collateral may be sold at public auction 14 days after exoneration to cover storage fees unless other written arrangements are made and signed by an authorized company agent. All cash collateral will be forfeited to Sanctuary Bail Bonds 90 days after exoneration if not claimed.

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18. If the Defendant **misses two or more check-ins,** fails to report a new address, becomes re-arrested, or is determined to be a flight risk, additional Failure to Comply fees may be assessed, or the bond may be immediately revoked and the Defendant re-arrested.
19. Regardless of the charges, **the Defendant must remain drug and alcohol-free while out on bond** through Sanctuary Bail Bonds. Sanctuary reserves the right to conduct random drug testing at any time.
20. **A $30 monthly administrative fee will automatically be applied** to this account to cover operational and clerical costs until the bond is exonerated. Both the Defendant and the Indemnitor(s) are equally responsible for payment of this fee.

The Defendant and Indemnitor hereby agree to indemnify and reimburse the Surety (the bond company) for any and all losses, costs, or expenses incurred as a result of issuing the bond. Such amounts shall include, but are not limited to, the full amount of any bond forfeiture; all court costs, interest, and attorney's fees; any fugitive recovery fees (typically ten percent (10%) of the bond amount for in-state recovery) and related expenses; all extradition and transportation costs if the Defendant must be returned; and any reasonable attorney's fees, collection costs, or other expenses permitted by law in the event collection becomes necessary. Proof of payment made by the Surety shall constitute conclusive evidence of the amount owed. The Defendant and Indemnitor further agree that, upon demand by the Surety—whether such demand is made before or after the Surety has paid any amount—they shall immediately provide the funds requested.

Sanctuary Bail Bonds, LLC reserves the right to apply to the court where the bond was posted for revocation and/or to request a warrant for the Defendant's arrest if the Defendant misses any scheduled court date, hearing, or fine payment. Both the Defendant and Indemnitor are responsible for any and all costs incurred by Sanctuary Bail Bonds, LLC for re-arrest or voluntary surrender to Sanctuary Bail Bonds, LLC or any arresting authority. Collateral will not be returned without a certified copy of the bond discharge or exoneration. These conditions do not supersede any terms or conditions imposed by the court; they serve as supplemental requirements to court orders

I/WE HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS OF THIS CONTRACT.

Def. Name: _____ Court: _____ Bail Amount: _____

_____
Defendant

_____
Indemnitor

_____
Agent

_____
Indemnitor

_____
Indemnitor

_____
Indemnitor

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Indemnitor Acknowledgement - Defendant Contact Agreement

I, _____, _____, _____, _____ understand and agree that as a condition of the bail bond posted on behalf of _____, I am responsible for ensuring the Defendant complies with all requirements set forth by Sanctuary Bail bonds.

I specifically acknowledge that:

1. The Defendant **must contact Sanctuary Bail Bonds by telephone within twenty-four (24) hours of release** from custody to schedule an in-person appointment and complete all necessary post-release paperwork and check-in requirements. _____ _____ _____ _____ (← Initial Here)
2. I agree to make e**very reasonable effort to ensure the Defendant complies** with this requirement and understand that I remain responsible for the Defendant's compliance throughout the duration of the bond.
3. I agree to notify Sanctuary Bail Bonds **immediately if the Defendant is taken into custody and/or rearrested**.
4. I agree to notify Sanctuary Bail Bonds **of any address/telephone number changes for myself and/or the Defendant**.

***** I understand that failure by the defendant to make contact within the required period may be considered a violation of the bond terms and could result in failure to comply fees and/or revocation of the bond which may result in additional financial liability to me as the indemnity.*****

By signing below, I acknowledge that I have read, understand, and agree to the above terms.

_____ _____
Indemnitor Name Date

_____ _____
Indemnitor Name Date

_____ _____
Indemnitor Name Date

_____ _____
Indemnitor Name Date

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AUTHORIZATION TO SURRENDER

Indemnitor: _____ Indemnitor(s): _____
Indemnitor(s): _____ Indemnitor(s): _____

(hereinafter "Indemnitor(s)") on Bail Bond Power # _____ of
Defendant: _____ bonded by Sanctuary Bail Bonds, LLC.

Bond Amount: _____ Bond Date: _____

I/We, the Indemnitor(s), **authorize Sanctuary Bail Bonds, LLC to apprehend and surrender the Defendant** to the proper authorities. I/We understand and accept the loss of all premium monies paid and agree to pay Sanctuary Bail Bonds, LLC the following:

- $600 / 1% Minimum Apprehension Fee (whichever is more);
- $150 per hour per agent surrender fee (added until the Defendant is accepted into the jail.)

Survival of Financial Obligations

I/We agree that **any and all contracts and agreements related to the above bond(s) remain in full force and effect until all outstanding fees and expenses have been paid in full,** regardless of bond status.

Notwithstanding **bond exoneration, surrender, revocation, dismissal, or court resolution, all Indemnitors and Defendants remain jointly and severally liable for all financial obligations owed** to Sanctuary Bail Bonds, LLC., including **all fees, costs, recovery expenses, and attorney's fees.**

Exoneration does NOT extinguish financial liability, and all collateral remains fully enforcable until the entire balance owed is paid in full.

Defendant: _____ Indemnitor: _____

Indemnitor(s): _____

Indemnitor: _____

Indemnitor(s): _____

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CONSENT TO RE-INCARCERATION

I/We _____, _____, _____, _____, _____, Indemnitor(s), and _____, understand and agree that in the event any monies due and owing Sanctuary Bail Bonds, LLC for the release of the above-named Defendant are not paid in the time and manner agreed upon in writing, Sanctuary Bail Bonds, LLC shall have the right to apprehend and surrender said Defendant into custody and surrender him/her to the proper authorities with whom said Defendant was originally bailed.

In the event such re-apprehension is necessary, neither the Defendant nor the Indemnitor(s) shall be entitled to reimbursement of any monies paid to Sanctuary Bail Bonds, LLC in connection with the issuance of the said bail bond. Said monies shall be deemed liquidated damages, to which Sanctuary Bail Bonds, LLC is entitled to compensate for all costs, expenses, and services rendered, including but not limited to those related to the re-apprehension or re-incarceration of the Defendant.

I/We have fully read, understand, and agree to the foregoing document.

_____ _____
Defendant's Signature Date

_____ _____
Indemnitor's Signature Date

_____ _____
Indemnitor's Signature Date

_____ _____
Indemnitor's Signature Date

_____ _____
Indemnitor's Signature Date

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PROMISSORY NOTE

$ _____ Date: _____

City, State: _____

On demand after date, for value received, the undersigned, jointly and severally if more than one, promise to pay to the order of Sanctuary Bail Bonds, LLC

_____ DOLLARS

With interest thereon at a rate of __18__ percent, per annum from call date until fully paid. Interest payable semi-annually. The maker(s) and each endorser (if any) of this contingent promissory note agrees to waive demand, notice of non-payment and protest; and in case suit shall be brought for the collection hereof; or the same has to be collected upon demand of an attorney, to pay reasonable attorney's fee and assessable costs, for making such collection. Deferred interest payments to bear interest from maturity at __22__ percent, per annum, payable semi-annually.

It is further agreed and specifically understood that once all costs and outstanding expenses are paid: this contingent promissory note will become null and void in the event the said Defendant

_____ shall appear in the proper court at the time or so directed by the Judge(s) of competent jurisdiction until the obligations under the appearance bond(s) posted on behalf of the defendant have been fulfilled and the surety discharged of all liability thereunder, otherwise to remain in full force and effect.*

_____ _____
Defendant Indemnitor

_____ _____
Indemnitor Indemnitor

FOR VALUE RECEIVED, the undersigned agrees to pay all balances owed to Sanctuary Bail Bonds, LLC including interest, legal fees, and enforcement costs.

*** SURVIVAL CLAUSE: Financial obligation remains enforceable regardless of bond exoneration or case disposition.**

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COLLATERAL AGREEMENT FORM

Date: _____ Power #: _____
Received from: _____ Telephone #: _____
Address: _____
as security for the execution of this bond written in the amount of $_____
on behalf of _____ (Defendant) the following collateral described as: _____

Said collateral is deposited as security for the payment of any sums which may become due to Sanctuary Bail Bonds, LLC By the terms of the agreement executed for said bond(s) by the said Depositor and Indemnitor(s), all of the terms of which are made a part of this receipt by this reference. Sanctuary Bail Bonds, LLC shall not be held responsible for theft or any damages that may occur while said collateral is in their possession. In the event of forfeiture, collateral will be sold within thirty (30) days to pay for any sums which may become due to Sanctuary Bail Bonds, LLC. It is the sole responsibility of the Depositor(s), Indemnitor(s) and/or the Defendant(s) to pre-pay any costs/fees incurred by Sanctuary Bail Bonds, LLC for the release of any property lien. If cash was deposited as collateral, upon date of forfeiture said cash will be lost and become the property of Sanctuary Bail Bonds, LLC. Collateral will not be released to the DEPOSITOR without proper documentation from the court that the Defendant has fulfilled his/her obligation with the court named on the bail bond posted.

SHOULD THE DEFENDANT'S BOND GO TO WARRANT STATUS, THE COURTS COULD CHOOSE TO FORFEIT THE ENTIRE BOND, PARTIAL AMOUNT OR EXONERATE THE WHOLE BOND. IN ORDER TO REDUCE THE RISK OF FORFEITING YOUR COLLATERAL, YOU WILL BE REQUIRED TO BE PRESENT IN PERSON OR BY PHONE AT THE FORFEITURE HEARING.

Collateral left 30 days after bond exoneration will be forfeited.

Storage fees for collateral must be paid every month. Fees are due monthly from the date of the bond.

We/I have fully read, understand and agree to the foregoing document.

_____ _____
Defendant's Signature Date

_____ _____ _____ _____
Indemnitor's Signature Date Indemnitor's Signature Date

_____ _____ _____ _____
Indemnitor's Signature Date Indemnitor's Signature Date

_____ _____
Signature-Receiver of Returned Collateral Date

* If collateral being used is a vehicle(s), Sanctuary Bail Bonds has the right to request the vehicle(s) be brought to Sanctuary Bail Bonds to confirm the condition and value of the vehicle at any time. If the vehicle(s) has decreased in value or has additional damage, Sanctuary Bail Bonds reserves the right to request additional collateral. Not supplying additional collateral could result in a revocation of the bond(s) at the indemnitors and/or clients expense.

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RIGHT TO ENTER AGREEMENT

If Defendant fails to appear or violates any part of this bail bond Agreement, I give my permission for the Bail Bail Bonds LLC and/or their Agents to enter my residence or any residence where I may be staying for the purpose of apprehending the defendant.

Furthermore, I agree to give my permission, in writing if necessary, to the Bail Bonds Company and/or their Agents and fully cooperate any time that the Bail Bond Company deems it necessary to enter the Defendant's or Indemnitor's residence or place of business for the purpose of apprehending the Defendant.

I/We also waive any and all rights under SB1257 of Arizona Law which would prohibit the Bail Bond Company and their Agents from entering any residence where Defendant may be staying for the purpose of apprehending the Defendant.

Failure to comply with any request to enter residence would be grounds for immediate revocation of Bail Bond and forfeiture of any or all collateral being held by Bail Bond Company.

There will be a charge for all "Failure to Appear" notices sent by the court.

Defendant's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

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Arizona Revised Statutes: 20-340.03, Part A #6 & Part D #3 – Authorization & Acceptance of Reasonable Expenses:

Date: _____

Defendant: _____

Power#: _____,_____ Bond Amount: _____

I/We _____, _____,

_____, _____,

Indemnitor(s) on the above Defendant's bail bond contract have elected to pay $_____. The additional fee that was incurred in the cost in the above bond was to include costs that were incurred by Sanctuary Bail Bonds, LLC.. These costs include but are not limited to credit verifications, employment verifications, filing of motor vehicle liens, mortgage liens, criminal history, background history, etc. This is non-refundable fee in additional to the premium on the bond.

Per the above Statute, **20-340.03** a bail bond company may be reimbursed for actual and reasonable expenses in connection with the individual bail bond transaction.

If a copy of the above statute is requested, Sanctuary Bail Bonds, LLC. will provide a copy of such statute.

I/We have read and understood the above statement and have chosen to sign this document on my own free will.

_____ _____
Indemnitor Date

_____ _____
Indemnitor Date

_____ _____
Indemnitor Date

_____ _____
Indemnitor Date

_____ _____
Defendant Date

Sanctuary & Affordable Bail Bonds
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PLEASE READ THOROUGHLY

JUMPING BAIL IS A CRIMINAL OFFENSE

13-2507 Failure to appear in the first degree; classification

A. A person commits failure to appear in the first degree if, having been required by law to appear in connection with any felony, such person knowingly fails to appear as required, regardless of the disposition of the charge requiring the appearance.

B. Failure to appear in the first degree is a class 5 felony.

13-2506 Failure to appear in the second degree; classification

A. A person commits failure to appear in the second degree if, having been required by law to appear in connection with any misdemeanor or petty offense, such person knowingly fails to appear as required, regardless of disposition of the charge requiring the appearance.

B. Failure to appear in the second degree is a class 1 misdemeanor.

Defendant's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phx, AZ 85003
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AGREEMENT TO COVER ADDITIONAL COSTS & AGENT ADMINISTRATIVE LABOR

Anyone signing this contract or agreement hereby acknowledges that , in the event there is a default on payment of any monies due hereunder , the above named company(s) will sustain costs, expenses and loss that may not be readily identified and/or verifiable. As such the undersigned agree that, in the event there is any default in payment of any such sums due hereunder, and such default causes the company to file a legal action or lawsuit to collect same, either through the offices of an attorney at law, or otherwise, the undersigned agree to pay any and all additional costs.

$150 per hour, covers the following: Case Searches, preparation of required paperwork, bond-forfeiture documentation, and revocation or warrant-related file preparation. These services reflect the additional administrative labor required when a defendant fails to comply with bond conditions, requiring the agency to prepare supplemental affidavits for the court, gather documentation for legal counsel, and complete the necessary administrative work associated with forfeiture hearings or other court-ordered actions.

Defendant	Date
Indemnitor	Date
Indemnitor	Date
Indemnitor	Date
Indemnitor	Date

Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phx, AZ 85003
O: (602) 224-5247 F:(602) 467-3416

HOLD HARMLESS/ DETAINER FORM

DATE: _____

_____
CITY, COUNTY, STATE

Vs.

_____
DEFENDANT

CASE #:

_____

POWER #: _____

I/We the undersigned understand that there may be detainer(s) currently placed against the above named Defendant. I/We agree to forgo all rights for any refunds or reimbursements of any premiums paid after the bail bond has been posted for the above named Defendant on the above named case(s). I/We understand that the above named Defendant may not be released from custody and may be transferred to the jurisdiction of the detainer(s).

I/We have fully read, understand and agree with the foregoing document.

_____ _____
Indemnitor's Signature Date

_____ _____
Indemnitor's Signature Date

_____ _____
Indemnitor's Signature Date

_____ _____
Indemnitor's Signature Date

Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phx, AZ 85003
O: (602) 224-5247 F:(602) 467-3416

Sanctuary Bail Bonds Authorization Document

Date: _____

Client Name: _____

Indemnitor Name(s): _____

Amount of Bond(s): _____

I/We, the undersigned indemnitor(s), hereby grant permission to Sanctuary Bail Bonds to post a bond for the above-named client at my/our request.

I/We request that Sanctuary Bail Bonds post the bond(s) in the amount(s) specified above.

By signing this document and providing Sanctuary Bail Bonds with a copy of my/our driver's license along with a photograph of me/us holding the driver's license, I/We agree to the terms provided by Sanctuary Bail Bonds.

I/We acknowledge and accept full responsibility for the bond(s) posted on behalf of the client.

Indemnitor Signature: _____

Date: _____

Indemnitor Signature (if applicable): _____

Date: _____

Indemnitor Signature (if applicable): _____

Date:

Indemnitor Signature (if applicable): _____

Date:

SANCTUARY BAIL BONDS, LLC.
337 N 4th Ave Phoenix, AZ 85003
(602) BAIL-247 FAX (602) 467-3416

Handling Charge for Collateral for Surety Bonds

Attention: _____

Phone Number: _____ Fax Number: _____

1. Fill out the “Indemnity Agreement" form with your complete information in relation to the defendant.
2. On a separate page, make a front and back photo copy of the **credit card** to be charged and your **driver's license** or **state ID** card.
3. Include a billing address for the card to be used:

_____

_____

Credit Card #: _____

CVV# _____ EXP DATE: _____

The signature(s) below acknowledge that a bail bond was posted in the name of:

(Defendant) _____

The fees are:

Collateral amount:	$
Non-Refundable Premium Amount:	$
3% Credit Card Fee	$
Total to be charged to card:	$

The total amount charged to the card will appear on the credit card statement of the cardholder in the name of Sanctuary Bail Bonds, 337 N 4th Ave, Phoenix, AZ 85003. It is also agree that the charge will not be disputed. If, for any reason, the charge is disputed, I understand that legal actions will be taken against me to recover all monies due, including legal fees incurred by Sanctuary Bail Bonds.

Authorized Signature:_____

Fax, Fed-Ex, Express Mail or Next Day Air all forms back to:

Sanctuary Bail Bonds
337 N 4th Ave
Phoenix, AZ 85003
(602) BAIL-247 FAX (602) 467-3416

Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phx, AZ 85003
O: (602) 224-5247 F:(602) 467-3416

CONFIDENTIAL LOCATION ADDENDUM FOR BAIL BOND

I, the undersigned, do hereby agree that Sanctuary Bail Bonds (Agency), will act as my bail bond and as part of that agreement, they will be able to use location technologies to locate my wireless device at any time during the period of my bail.

The following privacy / terms and conditions are an integral part of this addendum and bond(s) is conditioned upon full compliance by the principal of all said terms and conditions and is a part of said bonds and application therefore:

1. The Agency will use network-based location technologies to find principal solely at their discretion.
2. This addendum will service as the sole notice for the collection of location information for the principal until their bond liability is fully discharged.
3. The Agency will only retain location data while the bail bond is actively in force.
4. The Agency will only disclose location information to the courts as required by court order.
5. The Agency will be the only person with access to location information for a specific principal.
6. The principal WILL NOT have the option to OPT-OUT of location use during the period of bail.
7. All questions relating to location capability should be directed to the Agency.

Name _____

Address_____

Mobile Telephone Number _____

1. AGENCY to call mobile telephone number when principal application is completed to ensure accuracy of the phone number.
2. If an incorrect phone number is provided by the principle that would constitute a material false statement in the application and result in the SURETY having the right to apprehend arrest and surrender principal.

_____

Signature of Applicant

Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phx, AZ 85003
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CONSENT FOR RELEASE OF CREDIT INFORMATION

PERSONAL INFORMATION:

NAME: _____ S.S. # : _____

ADDRESS: _____ D.O.B.: _____

_____ PERMANENT U.S. RESIDENT? _____

_____ HOW LONG AT ADDRESS? _____

TELEPHONE #:_____ DO YOU OWN OR RENT? _____

MOTHER'S MAIDEN NAME: _____

_____

BUSINESS/FINANCIAL INFORMATION:

EMPLOYER'S NAME: _____ BUSINESS TELEPHONE #: _____

BUSINESS ADDRESS:_____ MONTHLY RENT: _____

_____ MONTHLY MORTGAGE: _____

YEARLY INCOME: _____ OTHER INCOME: _____

BANK NAME: _____ SOURCE OF OTHER INCOME: _____

BRANCH LOCATION: _____ ACCOUNT #'S: _____

_____

By signing this application, I authorize Sanctuary Bail Bonds, LLC. to check my credit history, and I authorize any references listed to release information to you or any of your affiliates regarding my eligibility for credit extension by Sanctuary Bail Bonds, LLC. I certify that I am 18 years or older and that the information provided is accurate. If credit is extended I authorize you to exchange information about how I handle my account with Sanctuary Bail Bonds, LLC. affiliates, credit bureaus and proper persons. I also authorize you and your affiliates to periodically exchange information regarding my account I may have with you or your affiliates. In addition, If the Defendant fails to appear for any court required appearances, I authorize Sanctuary Bail Bonds, LLC. to use my credit information and references to assist them in locating my whereabouts. I verify that I have read and understand the disclosure above.

_____ _____

Applicant's Signature Date

_____

**********DO NOT WRITE BELOW THIS LINE**********

APPLICATION VERIFIED AND APPROVED BY: _____

SANCTUARY BAIL BONDS, LLC. REPRESENTATIVE DATE

Sanctuary & Affordable Bail Bonds
337 N 4th Ave Phx, AZ 85003
O: (602) 224-5247 F:(602) 467-3416

KNOWN ALL MEN BY THESE PRESENTS:

I, _____, the undersigned, wish to make this statement as an expression of my desires:

I am of sound mind and of complete competence. I am not under any emotional stress or under any duress. I am fully competent and capable of making my own personal and financial decisions. I have duly and voluntarily executed this and all attached forms, documents and instruments of my own free will. I am fully aware of all of the financial obligations involved in the negotiation of my release from custody. I am aware of the terms and conditions of my release and agree to abide by all terms and conditions.

"CONFESSION OF JUDGMENT UPON DEFAULT"

I, the undersigned, do hereby authorize any Attorney at Law or Attorney in Fact to appear in any court of record in the State of Arizona, or any other state in the United States, upon default in the payment due on statement of my obligation, and waive the issuance and Service of Process and **Confess a Judgment** against me in favor of the Payee hereof for the amount of the Promissory Note signed and attached, together with costs of suit and reasonable attorney fees, and to release all errors and waive all rights of appeal.

"WAIVER OF EXTRADITION"

STATE OF _____ COUNTY OF _____

Now comes _____, Defendant in a cause now pending in _____ Court, and I, having been informed of my Constitutional Rights, do hereby waive any and all formalities which I might have under the law concerning the extradition of either the State of _____, of the State of _____, when and if the officers of such State, will transport me thereto.

This document is in compliance with Arizona Criminal Code **13-3865.01**.

Defendant/Undersigned _____

State of Arizona, County of _____. Executed and acknowledged before me on this _____ day of _____, 20_____.

Notary Public _____ (seal)

Before me _____, Judge _____, of the

_____ Court, of _____ County, Case No. _____,

Appeared _____, Defendant, on this _____day of

_____, 20_____. _____ having been advised of his/her rights to the issuance and service of a Warrant of Extradition and to obtain a Writ of Habeas Corpus, has in my presence, voluntarily signed the above consent to return to the County of _____, State of _____.

Judge _____ (Court seal)

SANCTUARY BAIL BONDS, LLC.
337 N 4th Ave Phoenix, AZ 85003
(602) 224-5247 FAX (602) 467-3416

Attach Copy of ID here

FEE SHEET By initialing the auto sign box, you acknowledge that you have read and understand all of the fees.

General Fees

		Initial All
Base Fee for Surety Bond w Good Collateral	10% of Bond/$150.00 Minimum	
Cash Bond Premium	20% to 35% + 5% each year the bond remains active $150.00 Min	
Monthly Case Management Fee	$30.00	
Additional expenses due to forfeit or collections	Costs will be actual and reasonable	
Additional Bond/Case Number (per bond)	$50.00	
After Hours / Holiday	$100.00 Per Hour Min 2 Hours	
Drive Time Out Of County $100 Per Hour/ Out Of State TBD		
Handling Fee On All Transactions	3% of total	
Failure To Comply / Compliance Fee Per Violation	$300.00	
Transfer of Title (lien DMV Title per vehicle)	$60.00	
Interest on Payment Plans * Accounts not paid within 15 days of the agreed payment arrangement are subject to a 3% monthly finance charge	3% per month	

Storage Fees (all storage is per day per item)

Small Items	$3.00	
Medium Items	$6.00	
Large Items	$15.00	
All collateral left for 30 days after bond exoneration will be forfeited		
Storage fees for collateral must be paid every month. Fees are due monthly from the date of the bond.		

Recovery Fees (this is including, but not limited to, legal fees)

Warrant Arrest Fee 10% of bond min $500 + $100 per hour per agent	Variable	
Revocation of Bond	$500.00 + $100 an hour per agent surrender time	
Warrant Fee (any warrant issued while out on bond)	$50.00	
Repo Fees	$300.00	
Court Appearances (Per Hour)	$200.00	
Conveyance of Property (Lien Deed of Trust)	$200.00	
Compliance Check/Drug Test	$200.00	
Additional Agent Is Required (Per Hour Fee)	$200.00	
Recovery Equipment Replacement , Prop Damage , Towing, Postage and Document Costs	Actual	
Retrieve Exoneration (Per Case Number)	$50.00	

Principal/Indemnitor _____ Date _____ Sanctuary Agent _____