

SENECA INSURANCE COMPANY, INC.
OF NEW YORK
BAIL BOND DIVISION
 160 Water Street, 16th Floor, New York, NY 10038

(PLACE BAIL AGENTS ADDRESS STAMP HERE)

BAIL BOND

NO. _____

(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED)

IN THE _____ COURT OF THE _____ JUDICIAL DISTRICT,
 COUNTY OF _____ STATE OF ARIZONA

THE PEOPLE OF THE STATE OF ARIZONA,

Plaintiff,

Case No. _____

vs.

Div. No. _____

Defendant

Defendant _____ (NAME OF DEFENDANT) _____ (BOOKING NO.)

having been admitted to bail in the sum of _____ Dollars (\$ _____) and ordered to appear in the above-entitled court on _____ 20 _____, on _____ charge/s:
 (DATE OF APPEARANCE) (STATE MISDEMEANOR OR FELONY)

Now, the SENECA INSURANCE COMPANY, INC. OF NEW YORK, a New York Corporation, hereby undertakes that the above-named defendant will appear in the above-named court on the date above set forth to answer any change in any accusatory pleading based upon the acts supporting the complaint filed against him/her and as duly authorized amendments thereof in whatever court it may be prosecuted, and will at all times hold him/herself amendable to the orders and process of the court, and if convicted, will appear for pronouncement of judgment or grant of probation; or if he/she fails to perform either of these conditions that the SENECA INSURANCE COMPANY, INC. OF NEW YORK, a New York Corporation, will pay to the people of the State of Arizona, the sum of _____ dollars (\$ _____).

If the forfeiture of this bond be ordered by the Court, judgment may be summarily made and entered forthwith, against the said, SENECA INS. COMPANY, for the amount of its undertaking herein as provided by State Statutes.

THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO, IF MORE THAN ONE SUCH POWER IS ATTACHED, OR IF WRITTEN AFTER THE EXPIRATION DATE IF SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.

SENECA INSURANCE COMPANY, INC. OF NEW YORK
 (a New York Corporation)



(SEAL)

By _____ ATTORNEY-IN-FACT

I certify under penalty of perjury that I am a licensed bail agent of the SENECA INSURANCE COMPANY and that I am executing this bond on _____ (DATE)

at _____ (LOCATION)

 (SIGNATURE OF LICENSED AGENT)

THE PREMIUM CHARGED FOR THIS BOND PER ANNUM IS: \$ _____

Approved this _____ day of _____, 20_____
 _____ (TITLE)

NOTE: This is an Appearance Bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES, or Wage Law claims, nor can it be used as a Bond on Appeal.

CERTIFICATE OF DISCHARGE BOND

POWER AMT. \$ _____ **POWER NO.** _____

This is to certify that on or about the _____ day of _____, 20_____, I examined the Records of _____ Court/Case No. _____ and found that the bond with corresponding power number above has been discharged of record by reason of the following disposition: Pled Guilty Found Guilty Case Dismissed Forfeiture Paid Other _____

Date of Discharge _____ Person rendering decision _____

Witness my hand and official seal this _____ Day of _____ 20_____, Title _____

By _____

Bond Amount \$ _____
 Appearance Date _____
 Defendant _____
 Court _____
 City _____
 State _____
 Offense _____
 If rewrite, original = _____
 Executing Agent _____

TO THE CLERK OF THE COURT

Will you please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and Return this form to us at:

(Place Bail Agent's Address Stamp Here)