Defendant Authorization Form

Defendant Name: _____

Name of Bail Agent: _____

Name of Bail Bond Company: _____

By signing my name below, on this date, I authorize the bail bond agent named herein to execute bail bonds on behalf of myself or the person I represent. I understand that this will begin the bail bond process.

NOTE: If I am signing this form as a duly designated representative of the defendant, I certify that I am at least 18 years of age and that I have full permission of the defendant to enter into this agreement.

_____ _____

Signature of Defendant or Authorized Representative Date

_____

Printed Name of Authorized Representative (if applicable)

_____ _____

Signature Bail Agent Date

Bail Agent License Number: _____