



**BOND**  
**BAIL BONDS**  
 www.BondBailBonds.com

540-720-4007 540-825-4007  
 Fax: 540-300-4569

**INDEMNITOR UNDERSTANDING AGREEMENT**

DEFENDANT \_\_\_\_\_

BOND AMOUNT: \$ \_\_\_\_\_

POWER # \_\_\_\_\_

COMPANY: BOND BAIL BONDS & SURETY COMPANY

I, the undersigned understand in signing this bond for obtaining the release of the above named defendant acknowledge that I am responsible for him/her appearing in Court each time he/she is ordered; also I understand that I am responsible for payment of any court costs for non-appearance if he/she fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and the defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted including unpaid bail premium, if applicable in this state. Should state law supersede this or any part of this agreement, all other terms are still in full force and effect in accordance with all of the terms of the Bail Agreement of even date herewith.

**COLLATERAL** cannot be returned until such a time as the Company receives written notice from the clerk of the court. I am not a paid signer. I have no connection with the Bail Bond Consultant. I have read the above contract and understand it, and agree to fulfill ALL the provision therein.

\_\_\_\_\_  
 AGENT DATE

\_\_\_\_\_  
 DEFENDANT DATE

\_\_\_\_\_  
 INDEMNITOR DATE

\_\_\_\_\_  
 INDEMNITOR DATE

\_\_\_\_\_  
 INDEMNITOR DATE