

Ripley's Affordable Bail Bonding

CLIENT JAIL INFORMATION (person detained)

DATE OF BOND _____ CASE NUMBER _____

POWER NUMBER _____ CHARGE _____

BOND AMOUNT _____ AMOUNT PAID _____ COUNTY _____

****CLIENT INFORMATION (person detained)***

CLIENT LAST _____ FIRST _____ MIDDLE _____

DOB _____ S.S. # _____ D.L. # _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME _____ CELL# _____ E-MAIL _____

AUTO MAKE/MODEL _____ COLOR _____ TAG _____

CLIENT ATTORNEY _____ OFFICE NUMBER _____

PROBATION CO. _____ OFFICE NUMBER _____

****CLIENT EMPLOYMENT (person detained)***

EMPLOYER _____ POSITION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUPERVISOR _____ WORK# _____ TIME ON JOB _____

ALL BAIL BOND INFORMATION IS CONFIDENTIAL

***CO-SIGNER INFORMATION**

LAST _____ FIRST _____ MIDDLE _____

DOB _____ S.S. # _____ D.L. # _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL# _____ E-MAIL _____

OWN _____ RENT _____ RELATION TO CLIENT _____

AUTO MAKE/MODEL _____ COLOR _____ TAG _____

***CO-SIGNER EMPLOYMENT**

EMPLOYER _____ POSITION _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ SUPERVISOR _____

WORK# _____ EXT. _____ SHIFT _____ TIME ON JOB _____

INDEMNITY AGREEMENT

THIS INDEMNITY AGREEMENT CONTRACT IS FOR Ripley's Affordable Bail Bonding SERVICES IN THE STATE OF NORTH CAROLINA, COUNTY OF _____.

I _____, IN CONSIDERATION OF Ripley's Affordable Bail Bonding ACTING (CO-SIGNER)

AND BEING OBLIGATED AS SURETY ON A BAIL BOND FOR _____ (CLIENT / DEFENDANT)

IN THE AMOUNT OF \$ _____ I DO GUARANTEE THE PAYMENT OF (AMOUNT OF BOND)

\$ _____ TO Ripley's Affordable Bail Bonding IN THE EVENT OF FORFEITURE BY (AMOUNT OF BOND)

_____. I SPECIFICALLY WAIVE NOTICE OF ACCEPTANCE OF THIS (CLIENT / DEFENDANT)

GUARANTEE, ACKNOWLEDGE MYSELF FULLY BOUND BY ALL PROVISIONS OF THE ABOVE STATED BAIL BOND, AND EXPRESSLY AGREE TO PAY UPON DEMAND ANY AMOUNT OWING, NOT TO EXCEED THE AMOUNT OF FORFEITURE ORDERED THEREUNDER. I DO HERBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE ABOVE NAMED BAIL BONDSMAN TO THE AMOUNT IT IS REQUIRED TO PAY THE BOND FORFEITUR. I FURTHERMORE UNDERSTAND THAT ALL COLLATERAL DEPOSITED WITH Ripley's Affordable Bail Bonding WILL BE FORFEITED IN THE EVENT _____ FAILS TO APPEAR IN COURT.

(CLIENT / DEFENDANT)

THIS AGREEMENT/BAIL BOND CONTRACT BECOMES VOID UPON TERMINATION OF LIABILITY ON THE BAIL BONDSMAN AS PROVIDED BY N.C.G.S. 58-71-5 AND N.C. ADMINSTRATIVE CODE .0512.

THIS _____ DAY OF _____, 20_____.

*CO-SIGNER _____ AGENT _____

STATE OF NORTH CAROLINA
COUNTY OF _____
FILE No.: _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

STATE OF NORTH CAROLINA)
)
VS.)
)
)
)
_____)
Defendant)
_____)

WAIVER OF APPEARANCE

Pursuant to N. C. Gen. Stat. §15A-1011, the undersigned defendant hereby enters this written waiver of appearance and respectfully shows unto the Court as follows:

1. Defendant is charged with the offense of _____
2. The undersigned Defendant is represented by _____, who is duly licensed to practice law in this State, and who is hereby designated and authorized to enter this waiver of written appearance and plea to carry the proceeding forward without the presence of the undersigned Defendant.
3. Defendant understands and agrees to waive his/her right to testify in person and waives the right to confront his/her accusers in person and agrees to be bound by the decision of the Court, as in any other case of adjudication of guilty or entry of judgment, subject to the right of appeal, as in any other case.
4. The undersigned Defendant hereby authorizes his/her attorney to enter a plea of guilty/responsible.

WHEREFORE, the undersigned Defendant prays that the Court allows his written waiver of appearance and permit his/her designated attorney to appear on the behalf of the Defendant as heretofore set out.

This _____ day of _____ 20__.

Defendant

Ripley's Affordable Bail Bonding

CLIENT REFERENCES

*1. REF LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL# _____ RELATION _____

*2. REF LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL# _____ RELATION _____

3. REF LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL# _____ RELATION _____

ALL BAIL BOND INFORMATION IS CONFIDENTIAL

Ripley's Affordable Bail Bonding

INDEMNITORS LIABILITY AGREEMENT

DATE: _____

DEFENDANTS NAME: _____

DEFENDANTS CHARGE(S) _____

I _____ understand that I am signing this bond package for the release of _____ . I do understand that I am responsible for the defendant listed above to appear in court each time they are ordered.; I also understand that I am responsible for payment of any bond cost for non-appearance (FTA) if they fail to follow any and all instructions or orders of the court or forfeits associated with this bond. I also agree to assist the bondsman to apprehend and or surrender the defendant listed in the event they miss scheduled court dates; further I do understand if such forfeiture occurs that I am responsible for the full amount of the stated bond, including unpaid bail premiums, if applicable; I also understand by signing this agreement, that regardless of the status of the charge/case (incarceration, or the disposal of the case) in question I agree to pay all premiums owed associated. Should the state laws supersede this or any portion of the indemnitors agreement, all other terms are still in full force in accordance with the bail agreement.

Note: Collateral cannot and will not be returned until such time as the company receives written notification from the clerk of court that the case has been disposed of.

I am not a paid co-signer and have no connection with the bail bond agent aside from the business at hand.

I have read and understand the document and agree to all the provisions therein.



Indemnitor Signature: _____



Print Name

Bail Bond Agent/Runner: _____

Robert Ripley