

CONNECTICUT BAIL BONDS GROUP
141 WESTON STREET, #435
HARTFORD, CT 06101
(860)420-2245 (203)572-5245
SERVING YOUR AREA, JUST MOMENTS AWAY!!!

Bond Amount	\$
Premium Due	\$
Amount Paid	\$
Balance Due	\$
Receipt Number	
Collected By	

NOTICE TO COSIGNER

I UNDERSTAND THAT I AM SIGNING FOR A BAIL BOND AND OBTAINING THE RELEASE FROM CUSTODY DEFENDANT NAME: _____ FOR A BOND OR BONDS IN THE AMOUNT OF \$ _____ I AM RESPONSIBLE FOR THE FOLLOWING TERMS:

- THE DEFENDANT APPEARING IN COURT EVERY TIME THEY ARE SO ORDERED.
- Payment of unpaid premium if the defendant fails or is unable to pay.
- If forfeiture occurs I understand there is a minimum **\$50.00 fee** to create the file. I give Connecticut Bail Bonds Group, LLC or its agents the right to search for the defendant in any residence of mine or place of residence known to be occupied by me. I am further responsible for any expenses incurred if it becomes necessary to apprehend and surrender the defendant to the court.
- In the event of a bond forfeiture where the defendant is not returned to the court for **any** reason, including deportation within the time prescribed by law, I will pay the full amount of the bond, including unpaid premium, attorney fees, court costs, interest, and investigation fees.
- Payment of any and all costs incurred as a result of the Defendant's nonappearance or if they fail to follow all instructions or if Court forfeits the bond for any reason.
- I will inform Connecticut Bail Bonds Group, LLC within 5 days of any and all changes of address and/or telephone numbers for any and all cosigners as well as the defendant. **X** _____

ONCE THE BOND(S) ARE POSTED, THE PREMIUM IS NOT REFUNDABLE

I HAVE READ AND I UNDERSTAND AND AGREE WITH THE PROVISIONS SET FORTH. I AGREE TO FULFILL ALL OBLIGATIONS TO THEM. I FURTHER AFFIRM AND ATTEST THAT WITHOUT COERCION, I, AS A DULY DESIGNATED REPRESENTATIVE OF THE DEFENDANT AUTHORIZE ANY LICENSED AGENT EMPLOYED BY CONNECTICUT BAIL BONDS GROUP, LLC TO BEGIN THE BAIL PROCESS AND EXECUTE THE BOND(S) ON OUR BEHALF.

_____ DATE _____
SIGNATURE OF COSIGNER

COSIGNER'S NAME _____ RELATIONSHIP TO DEF. _____

SOCIAL SEC #: _____ - _____ - _____ DATE OF BIRTH ____/____/____ DRIVERS LIC. OR I.D. # _____

COSIGNER'S ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ EMPLOYER _____

WORK PHONE (____) _____ EMP. ADDRESS: _____

REFERENCES:

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____

NAME _____ PHONE _____ RELATION _____