

# ROD B FREE BAIL BONDING AGENCY GIBBS INSURANCE GROUP

13905 Kinsman Road  
Cleveland, Ohio 44120  
Phone 216-830-2220 / Fax 216-830-2223

## BAIL APPLICATION

AGENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

BOND AMT. \_\_\_\_\_

**BOND PREMIUMS ARE NON-REFUNDABLE**

COURT \_\_\_\_\_ / CASE NO. \_\_\_\_\_

ATTORNEY NAME & PHONE NO# \_\_\_\_\_

The parties agreed that said Appearance Bond is conditioned upon full compliance of the following:

1. Surety shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right to apprehend arrest and surrender the Defendant to the proper officials at any time provided by the law.
2. Its is understood and agreed that the happening of any one of the following events shall constitutes breach of the defendants obligations to Surety and Surety shall have the right to forthwith apprehend, arrest, and surrender defendant, and defendants shall have no right to any refund of premium whatsoever.
  - (a) If Defendant shall depart the jurisdiction of the court without the written consent of the court and Surety, or it's Agent.
  - (b) If Defendant shall move from one address to another without notifying Surety, or its agent in writing prior to said move.
  - (c) If Defendant shall commit any act which shall constitute reasonable evidence of Defendant's intention to cause a forfeiture of said bond.
  - (d) If Defendant is arrested and incarcerated for any offense other than a minor traffic violation.
  - (e) If Defendant shall make any material false statement in the Application.

\*Signature: \_\_\_\_\_

### DEFENDANT'S INFORMATION:

NAME \_\_\_\_\_ PHONE NO# \_\_\_\_\_

ALIAS OR NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ CITY/ZIPCODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ SHIFT \_\_\_\_\_ HOW LONG \_\_\_\_\_

ADDRESS OF EMPLOYMENT \_\_\_\_\_ PHONE NO# \_\_\_\_\_

SPOUSE NANME \_\_\_\_\_ RACE/GENDER \_\_\_\_\_

HEIGHT/WEIGHT \_\_\_\_\_ DISTINGUISHING MARKS \_\_\_\_\_

PLACE ARRESTED \_\_\_\_\_ AUTOMOBILE (MAKE & MODEL) \_\_\_\_\_

IS DEFENDANT CURRENTLY OUT ON BOND? Yes \_\_\_\_\_ No \_\_\_\_\_ IS DEFENDANT A TWIN? Yes \_\_\_\_\_ No \_\_\_\_\_

### INDEMNITOR FINANACIAL STATEMENT:

RELATION TO DEFENDANT \_\_\_\_\_ ID OR DRIVER LICENSE NO \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO# \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY/ZIPCODE \_\_\_\_\_

HOW LONG? \_\_\_\_\_ (RENT) \_\_\_\_\_ (OWN) \_\_\_\_\_ DOB \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ SHIFT \_\_\_\_\_ HOW LONG \_\_\_\_\_

ADDRESS OF EMPLOYMENT \_\_\_\_\_ PHONE NO# \_\_\_\_\_

**CO-INDEMNITOR FINANCIAL STATEMENT REFERENCES:**

RELATION TO DEFENDANT \_\_\_\_\_ ID OR DRIVER LICENSE NO \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE NO# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_ CITY/ZIPCODE \_\_\_\_\_  
HOW LONG? \_\_\_\_\_ (RENT) \_\_\_\_\_ (OWN) \_\_\_\_\_ DOB \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
EMPLOYMENT \_\_\_\_\_ SHIFT \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS OF EMPLOYMENT \_\_\_\_\_ PHONE NO# \_\_\_\_\_

**REFERENCE: (INDICATE A CHECK BY RELATION FOR THE INDEMNITOR OR DEFENDANT)**

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ RELATION - (IN) \_\_\_\_\_ (DEF) \_\_\_\_\_  
2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ RELATION - (IN) \_\_\_\_\_ (DEF) \_\_\_\_\_  
3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ RELATION - (IN) \_\_\_\_\_ (DEF) \_\_\_\_\_  
4. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ RELATION - (IN) \_\_\_\_\_ (DEF) \_\_\_\_\_

**COGNOVIT NOTE**

\$ \_\_\_\_\_ OHIO, 20 \_\_\_\_\_, after date, for value received, the undersigned jointly and severally promise to pay to the order of Rod B Free, LLC., 13905 Kinsman Road Cleveland, Ohio 44120, the sum of \_\_\_\_\_ dollars, with interest from the date hereof at the rate of two percent (2%) annum, payable upon the forfeiture of bond and / or upon the penalties and costs assessed by the court in which the bond was posted. I, - (Indemnitor) \_\_\_\_\_ (Co-Indemnitor) \_\_\_\_\_ authorize the release of my credit information from any credit bureau to representatives of Rod B Free, LLC and Gibbs Insurance Group.

In the event of bond forfeiture, non-payment of balance due, assessments of penalties and cost, of ay principal or bond forfeiture hereunder, when due, the entire balance of principal then remaining unpaid with accrued interest thereon, shall at once become due and payable at the option of the holder hereof, with notice or demand.

The maker(s) and endorser(s) hereof hereby authorize the use of credit card(s), blank checks and/or money orders given as payment of bond premiums and/ or collateral for bond against a contingent ability arising by Rod B Free, LLC or Gibbs Insurance Group, and sum of the bond forfeiture, penalties and cost, enforcement agent (bounty hunter) fees, and/or cost accrued in the processing of this bond, without the prior notification by said agency of its intent.

The maker(s) and endorser(s) hereof hereby waive presentment, demand, and notice of dishonest, protest and notice of nonpayment protest. Each person has undersigned and has executed this instrument in the capacity of maker, regardless of the location his/her signature.

INDEMNITOR SIGNATURE: \_\_\_\_\_

CO-INDEMNITOR SIGNATURE: \_\_\_\_\_

**WARNING - BY SIGNING THIS PAPER, YOU GIVE UP YOUR RIGHT TO NOTICE AND COURT TRIAL. IF YOU DO NOT PAY ON TIME, A COURT JUDGMENT MAY BE TAKEN AGAINST YOU WITHOUT YOUR PRIOR KNOWLEDGE AND THE POWERS OF A COURT CAN BE USED TO COLLECT FROM YOU REGARDLESS OF ANY CLAIMS YOU MAY HAVE AGAINST THE CREDITOR WHETHER FOR RETURNED GOODS, FAILURE ON HIS PART TO COMPLY WITH THE AGREEMENT OR ANY OTHER CAUSE.**

WITNESS \_\_\_\_\_

INDEMNITOR SIGNATURE \_\_\_\_\_

CO-INDEMNITOR \_\_\_\_\_

INDEMNITOR ADDRESS \_\_\_\_\_

CO-INDEMNITOR ADDRESS \_\_\_\_\_

INDEMNITOR PHONE \_\_\_\_\_

CO-INDEMNITOR PHONE \_\_\_\_\_