

Half Down Bail Bonds, LLC. 10640 Page Ave. #130 Fairfax, VA 22030

Office: 703.369-5555 Fax: 703.273-0100

CONTINGENCY PROMISSORY NOTE & INDEMNITY AGREEMENT

I/WE promise to pay to the order of Half Down Bail Bonds, LLC, (Hereafter referred as The Company) 10640 Page Ave. Suite 130 Fairfax, VA 22030 in the amount of: \$ _____, dated 01/28/2014, _____ Thousand _____ Hundred Dollars, with an interest rate of 18% per annum from the call date until fully paid. The maker and endorser of this promissory note agrees to waive demand, notice of nonpayment and protest; and in case suit shall be brought for the collection hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney fees and assessable costs for making such collection. It is further agreed and specifically understood that this promissory note shall become null and void in the event the said defendant:

Shall appear in the proper court at the time or times so directed by Judge or Judges of competent jurisdiction until the obligation under the appearance bond/bonds are posted on behalf of the defendant have been fulfilled and The Company is discharged of all liability there under, otherwise this agreement is to remain in full force and effect.

Whereas, the Company at the request of the cosigner, I/We jointly and severally understand that in signing this agreement incidental to the release of the principle/defendant will become Surety on an appearance bond for the above mentioned principle/defendant, In the amount of \$ _____. The undersigned is responsible for all court appearances until the principle/defendant's case is finalized by the said court. The cosigner/s will at times save The Company, or its agents harmless from and against every and all claims, demands, liability, cost, charge, counsel fee, expense, suit order, judgment adjudication whatsoever. The condition of this indemnity agreement provides that as long as there is any liability or loss of any nature to the Company, upon the bond referred to herein, the undersigned will not make any transfer of any property both real and personal given as security/collateral until the principal/defendant's case is finalized. If the cosigner/s submits collateral for the bond, the collateral cannot be released or returned until such time as The Company receives a certified copy of the disposition from the Clerk's office from the Commonwealth of Virginia, confirming that the bail recognizance has been released by the respective court, at which time The Company has 15 days to return such collateral to the cosigner or principle/defendant once received. The Company or its agents may withdraw from this bail bond at any time it may seem fit, as provided law. If the principal/defendant fails to appear in court and does not voluntarily surrender to the Company of their respective court the cosigner is responsible for any and all losses or costs whatsoever. The fees associated with a recovery or losses The Company may incur are listed below. Pursuant to the Code of

Virginia, The Company may charge administrative fees/or other service fees. Our schedule of fees is as follows:

- 1.) Processing Fee (Bond under \$1,500.00) \$25-\$50
- 2.) Transportation fee (within 10 miles of release) \$25
- 3.) Transportation fee (outside 10 miles of release) \$50
- 4.) Recovery Agent Fee \$75 per hour per agent
- 5.) Mileage for Recovery \$.45 cents per mile
- 6.) Arrest Fee \$150
- 7.) Credit Card Processing 4% Fee per transaction
- 8.) Surrender/Revocation Fee \$150
- 9.) Court Appearance Fee \$75 per hour per agent

I consent to and authorize the Company or its agents, to obtain any and all private or public information and or records concerning "the Consigner" from any party or agency, private or Government (Local, State, or Federal), including but not limited to: social security, criminal, civil, driving, telephone, medical, schooling, employment records, without reservation. For good and valuable consideration, the cosigner agrees to indemnify and hold harmless to the Company or its agents for all losses not otherwise prohibited by the Commonwealth of Virginia. I/We have read this contract and understand the obligations, terms, and conditions hereof:

Co-Signer Signature

Bondsman Signature

Date

Date

Cosigner Print

The Company shall have control and jurisdiction over the principal/defendant during the term for which the bond is executed and shall have the right to apprehend, arrest, revoke and surrender the principal/defendant to the proper officials any time provided by law. It is understood and agreed that the happening of any one of the following events shall constitute a breach of the principal/defendant's obligation to The Company, hereunder, and The Company shall have the right to forthwith apprehend, arrest, revoke or surrender the principal/defendant, and the principal/defendant shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of the principal/defendant's obligations hereunder are included but not limited to:

- 1. If the principal/defendant shall depart the jurisdiction of the court without the written consent of the court and Kingdom Bail Bonding LLC.

- a.) Shall move from one address to another without notifying Kingdom Bail Bonding.
- B.) Shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
- C.) Is arrested and incarcerated for any other offense other than a minor traffic violation or makes any material false statement in the application.

The Defendant is to appear on all related court dates, while on this bond, until the final disposition of the case has determined by the presiding court. Failure to do so, will result in the immediate revocation of the bond, with any and all resulting administrative costs, listed above, to be paid by the co-signer.

If applicable, payment of any remaining bond premium balance is to be completed by 5:00pm Eastern Standard Time on:

_____ Day of the Week, _____ Month _____ Year _____ Co-Signer Initial

****A \$25.00 late fee will be applied for each payment date that has been missed.***

Failure to comply or honor any or all of the listed conditions set herein will constitute a breach of this contract, and will result in the revocation of the defendant's bond and initiate civil proceedings against co-signer.

_____/_____
 Defendant Signature Date Co-Signer Signature Date

CO-SIGNER/INDEMNITOR INFORMATION

Fill out Completely

How did hear about us? _____

Name (First Middle Last): _____

DOB _____ Address _____

City _____ State _____ Zip Code _____ Apt # _____

Home Phone # _____ Work # _____ Cell # _____

Drivers License # _____ Social Security # _____

State of Issue _____ Exp _____

Do You, (circle one) **OWN** / **RENT** / **I LIVE WITH PARENTS OR RELATIVES**

Landlord Name _____ Phone _____

Landlord Address _____ City _____ State _____

Emergency Contact Name (Parent / Relative) _____

Emergency Contact Phone # _____

Vehicle

Year _____ Make _____ Model _____ Color _____ Tag # _____ State _____

Employment Information

Occupation _____ Employed By _____

Employer's Address _____

City _____ State _____ Zip _____

Phone _____ Supervisor Name _____

Years You Have Been With This Employer _____

Spouse Information

Spouse's Name _____ DOB _____

Spouse's Employer _____ Work # _____

Spouse's Address _____

Children

Name _____ Age _____ School/Location _____

Name _____ Age _____ School/Location _____

Name _____ Age _____ School/Location _____

I attest that the information that I have provided is true and accurate to the best of my ability.

Co-Signer Signature: _____

Date: _____

DEFENDANT INFORMATION

Fill out Completely

How did hear about us? _____

Name (First Middle Last): _____

DOB _____ Address _____

City _____ State _____ Zip Code _____ Apt # _____

Home Phone # _____ Work # _____ Cell # _____

Drivers License # _____ Social Security # _____

State of Issue _____ Exp _____

Do You, (circle one) OWN / RENT / I LIVE WITH PARENTS OR RELATIVES

Landlord Name _____ Phone _____

Landlord Address _____ City _____ State _____

Emergency Contact Name (Parent / Relative) _____

Emergency Contact Phone # _____

Vehicle

Year _____ Make _____ Model _____ Color _____ Tag # _____ State _____

Employment Information

Occupation _____ Employed By _____

Employer's Address _____

City _____ State _____ Zip _____

Phone _____ Supervisor Name _____

Years You Have Been With This Employer _____

Spouse Information

Spouse's Name _____ DOB _____

Spouse's Employer _____ Work # _____

Spouse's Address _____

Children

Name _____ Age _____ School/Location _____

Name _____ Age _____ School/Location _____

Name _____ Age _____ School/Location _____

I attest that the information that I have provided is true and accurate to the best of my ability.

Co-Signer Signature: _____

Date _____