

Active Bail Bonds

Ramon Caldwell NCBL#20097338

319 Chapanoke Rd. Suite 114A

Raleigh NC 27603 Cell:984-297-3544

DEFENDANTS INFORMATION

BOND DATE: ____/____/20____ AGENT: Ramon Caldwell BOND AMOUNT: _____

DEFENDANT: _____ NICK NAME: _____

HOME NUMBER: (____) _____ - _____ CELL NUMBER: (____) _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW LONG AT CURRENT ADDRESS: _____ YRS _____ MONTHS _____ OWN/RENT: _____ SUB-LEASE _____

LANDLORD NAME: _____ PHONE NUMBER: (____) _____ - _____

RACE: _____ SEX: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

DOB: ____/____/____ SSN----- PLACE OF BIRTH _____

DL #: _____ STATE: _____ DRINK: _____ SMOKE: _____ FACEBOOK _____

VEHICLE YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ TAG#: _____

CHILDREN/AGES: _____

EMPLOYED BY : _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ WORK #: (____) _____ - _____ SHIFT: _____

SUPERVISORS NAME: _____ HOW LONG@JOB: _____ YRS _____ MONTHS

FAMILY

____/____/____, _____, _____, (____) _____ - _____

BABY MAMA/DADDY NAME **ADDRESS** **CITY** **STATE** **PHONE NUMBER**

____/____/____, _____, _____, (____) _____ - _____

MOTHER NAME **ADDRESS** **CITY** **STATE** **PHONE NUMBER**

____/____/____, _____, _____, (____) _____ - _____

FATHER NAME **ADDRESS** **CITY** **STATE** **PHONE NUMBER**

REFERENCES: (LIST THREE RELIABLE PERSONS)

____/____/____, _____, _____, (____) _____ - _____

NAME **ADDRESS** **CITY** **STATE** **PHONE NUMBER**

____/____/____, _____, _____, (____) _____ - _____

NAME **ADDRESS** **CITY** **STATE** **PHONE NUMBER**

____/____/____, _____, _____, (____) _____ - _____

NAME **ADDRESS** **CITY** **STATE** **PHONE NUMBER**

AGENT: Ramon Caldwell North Carolina Bail Bondsman License Number: 20097338

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INDEMNITOR'S INFORMATION

Relationship to Defendant: _____ How long have you known the Defendant: _____
Cosigner Name: _____ Nick Name: _____
Home Phone: (____) _____ - _____ Cell: (____) _____ - _____ Other: (____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
SSN: ----- DOB: ____ / ____ / ____ Driver's License #: _____ State: _____
Facebook/Twitter: _____ Email: _____
Own/Rent - Landlord/Mortgage Co: _____ Phone: (____) _____ - _____
Out of State Family: _____ Name: _____ State: _____ Phone: (____) _____ - _____
Vehicle Year: _____ Make: _____ Model: _____ Color: _____ Tag Number: _____
State: _____ Dents/ Upgrades: _____
Do you own any property other than your residence/ if so description: _____

Employed By: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
How Long: _____ Full Time/Part Time: _____ Shift: _____ Phone: (____) _____ - _____
Supervisors Name: _____ Phone Number: (____) _____ - _____

REFERENCES: (LIST THREE RELIABLE PERSONS)

_____ /	_____ ,	_____ ,	_____ ,	_____ (____)	_____ -
NAME	ADDRESS	CITY	STATE	PHONE NUMBER	
_____ /	_____ ,	_____ ,	_____ ,	_____ (____)	_____ -
NAME	ADDRESS	CITY	STATE	PHONE NUMBER	
_____ /	_____ ,	_____ ,	_____ ,	_____ (____)	_____ -
NAME	ADDRESS	CITY	STATE	PHONE NUMBER	

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DEFENDANT AND INDEMNITORS'S AGREEMENT AND GUARANTEE

PAST ARRESTS: _____ WHERE/WHEN: _____

FAILURE TO APPEAR(S): _____

WHERE/WHEN: _____

COURT DATE/TIME FOR CURRENT CHARGES: _____

I hereby apply to you to act as my bondsman for my bail in the _____ Court of _____ County, _____ State, _____;

Where I am charged with the following casenumbers: _____

I understand and agree that you, as my bondsman for my bail, shall have control and jurisdiction of me during the term of which the bond is execute and that you will have the right to surrender me on this bond at your discretion by any reasonable means necessary. At any time before there has been a breach of the undertaking in any type of bail or fine and cash bond the surety many surrender the defendant to the sheriff of the county in which the defendant is bonded to appear or to the sheriff where the defendant was bonded. The defendant may be surrendered without the return of premium for the bond if the defendant does any of the following:

1. Willfully fails to pay the premium to the surety or willfully fails to make premium payment under the agreement specified in G.S. 58-71-1
2. Changes his or her address without notifying the surety before the address change.
3. Physically hides from the surety.
4. Leaves the State without permission of the surety.
5. Violates any order of the Court
6. Fails to disclose information or provides false information regarding any failure to appear in court, any previous felony convictions within the past 10 years, or any charges pending in any State or federal court.
7. Knowingly provide the surety incorrect identification, name or alias

I, _____ (Defendant), _____ (Indemnitor 1), and _____ (Indemnitor 2) in consideration of Ramon Caldwell acting and being obligated as surety on bail bond _____ in the amount of \$ _____ do guarantee the payment of said bond to the above names Bail Bondsman(s) in the event of forfeiture by the above named principal. I specifically waive notice of acceptance of this guaranty, acknowledge myself as 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 hereunder to pay upon such forfeiture. This agreement is void upon termination of liability on the bail bond as provided by North Carolina Administrative Code T11 13.0512.

The information supplied by me on this indemnity agreement is true to the best of my knowledge. I understand that necessary credit and Reference inquiries will be made and I hereby authorize the release of such information to Bail Bonds Inc. and its agents. I promise to pay all expenses incurred by above Bail Bondsman(s), in accordance with the terms and conditions stated above. I further understand that my failure to pay this bond should it be forfeited shall be reported to the credit bureau(s).

This the _____ day of _____, 20 _____.

(Defendant Signature)

(Signature of Cosigner)

(Surety Agent)

(Signature of Cosigner)

AGENT: Ramon Caldwell North Carolina Bail Bondsman License Number: 20097338

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MEMORANDUM OF AGREEMENT

THE MEMORANDUM OF THE AGREEMENT IS BETWEEN THE PRINCIPAL, CO-SIGNER, AND THE SURETY WHEN IN ANY CASE SOME PORTION OF THE BOND PREMIUM PAYMENTS ARE TO BE DEFERRED OR PAID AFTER THE DEFENDANT HAS BEEN RELEASED FROM CUSTODY PRUSUANT TO NORTH CAROLINA GENERAL STATUTE 58, ARTICLE 71, SECTION 167.

****PAYMENTS ARE DUE REGARDLESS IF YOUR CASE HAS CLOSED OR YOU ARE SURRENDERED!!****

1. AMOUNT OF BOND PREMIUM CHARGED = \$_____

2. AMOUNT OF BOND PREMIUM PAYED = \$_____

3. BALANCE DUE = \$_____

4. METHOD AND SCHEDULE OF PAYMENTS:

(A) Number of Monthly/Weekly/Biweekly/Daily Payments = _____

(B) Amount of Each Payment & date of each payment:

AMOUNT

DATE

1. \$ _____

_____/_____/_____

2. \$ _____

_____/_____/_____

3. \$ _____

_____/_____/_____

4. \$ _____

_____/_____/_____

5. \$ _____

_____/_____/_____

6. \$ _____

_____/_____/_____

7. \$ _____

_____/_____/_____

8. \$ _____

_____/_____/_____

9. \$ _____

_____/_____/_____

10. \$ _____

_____/_____/_____

TOTAL OWED = \$_____

DO NOT SIGN THIS MEMORANDUM AGREEMENT BEFORE YOU READ IT! UPON REQUEST, YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. ANY SUBSEQUENT MODIFICATIONS OF THIS AGREEMENT MUST BE IN WRITING, SIGNED, DATED, AND KEPT ON FILE BY THE SURETY, WITH A COPY PROVIDED TO THE PRINCIPAL AND/OR CO-SIGNER UPON REQUEST.

This the _____ day of _____, 20_____

(Print name of Principal)

(Address)

(Signature of Principal)

_____, _____, _____
(City) (State) (Zip)

(Print name of Cosigner)

(Address)

(Signature of Cosigner)

_____, _____, _____
(City) (State) (Zip)

(Name of Surety)

(Signature of Surety)

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CONFIDENTIAL LOCATION ADDENDUM FOR BAIL BOND

I, the undersigned, do hereby agree that **Bigg Ants Bail Bonds**(Agency); Will act as the Principle's bail bond and as part of that agreement, they will be able to use location technologies to locate my wireless device at any time during the period of Principle's bail.

The following privacy/terms and conditions are an integral part of this addendum and bond(s) is conditioned upon full compliance by the Principle to all said terms and conditions and is part of said bonds and application therefore:

1. The Agency will use network based location technologies to find me solely at their discretion.
2. This addendum will service as the sole notice for collection of location information for me until the Principle's bond liability is fully discharged.
3. The Agency will only retain location data while the bail bond is actively in force.
4. The Agency will only disclose location information to the courts as required by court order.
5. The Agency will be the only person(s) with access to location information for me.
6. The PRINCIPLE WILL NOT have the option to OPT-OUT of location use during the period of bail.
7. All questions relating to location capability should be directed to the Agency.

Name _____

Address _____

Cell Number _____ / _____

1. AGENCY to call mobile number when application is completed to ensure accuracy of the phone number.
2. If an incorrect phone number is provided by the principle would constitute a material false statement in the application and result in the Agency having the right to apprehend arrest and surrender principle.
3. You are required to check in every week by calling the number above until the bond is fully discharged unless otherwise agree upon.

X _____

Signature of Defendant

X _____

Signature of Cosigner

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HIPPA CONSENT FORM

The Defendant hereby affirms that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure surety ship on the bond or undertaking applied for herein, with the intent and purpose that they relied on fully. In addition the Defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue, the state Department of Disability Insurance, the United States Armed Forces, the state Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the Defendant's whereabouts to give such information to Palmetto Surety Corporation and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing his or her appearance and or apprehension for Court appearance, and for the purpose of securing reimbursement of the bond that was paid on the final judgment date of the forfeiture. Civilly the defendant and co-signer will be sued for any expenses incurred as a result of Defendant's non-appearance and apprehension. The Defendant hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by Bigg Ants Bail Bonds and its assigns and/or duly authorized representatives. In addition, if the Defendant escapes from the custody of Bigg Ants Bail Bonds and is subsequently captured in a State of the United States other than the one in which the original charge was filed, or in a foreign country, the Defendant does hereby agree to return voluntarily to the State of original jurisdiction, and does hereby waive extradition proceedings and further consents to the application of such force as may be necessary to effect such return.

Signed and delivered this _____ day of _____ 20____

AGENT WITNESS HERE _____
(SIGNATURE OF AGENT)

DEFENDANT HERE _____
(SIGNATURE OF DEFENDANT)

AGENT: Ramon Caldwell North Carolina Bail Bondsman License Number: 20097338

