



# Application for Appearance Bond

www.beneficialbailbonds.com info@beneficialbailbonds.com  
(208) 389-BAIL (208) 459-BAIL

**Sun Surety Insurance Company**  
21 Main St., Rapid City, South Dakota 57701

DEFENDANT \_\_\_\_\_  
AGENT \_\_\_\_\_  
POWER NO. \_\_\_\_\_  
CAUSE NO. \_\_\_\_\_  
EXECUTION DATE \_\_\_\_\_  
CONTACT BY \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

I, the undersigned, do hereby apply to you to act as my Surety in the amount of \$ \_\_\_\_\_  
in the \_\_\_\_\_ Court of \_\_\_\_\_ wherein I am  
charged with \_\_\_\_\_  
and I agree to the following terms and conditions prescribed by the State Insurance Department.

## TERMS AND CONDITIONS

The following terms and conditions are an integral part of this application for appearance bond No. \_\_\_\_\_ Date \_\_\_\_\_ for which SUN SURETY INSURANCE COMPANY or its Agent shall receive a premium in the amount of \_\_\_\_\_ Dollars ( \_\_\_\_\_ ) and the parties agree that said appearance bond is conditioned upon full compliance of all said terms and conditions and is part of said bond and applies therefor.

1. In making application for the hereinabove described Bail Bond we warrant all of the statements made on the reverse of this instrument to be true and we agree to advise the Surety or its Agent of any change (especially change of address) within 48 hours after such change has occurred and agree that any failure to so notify shall be cause for the immediate surrender of the defendant without any liability for the return of any part of the premium.

2. Defendant waives any and all rights he/she may have under Title 28 Privacy Act – Freedom of Information Act, Title 6 Fair Credit Reporting Act, and any such local or state law and further consent and authorizes Surety and/or its Producers to obtain any and all private information and/or records concerning Defendant from any party or agency, private or governmental (local, state, federal), including but not limited to, credit reports, Social Security records criminal records, civil records, driving records, telephone records, medical records, school records, working compensation records, and employment records, Defendant authorizes, without reservation, any party or agency, private or governmental (local, state, federal), contracted by Surety and/or its Producers, to furnish any and all private and public information and records in their possession concerning Defendant to Surety and/or its Producers, and directs that a copy of this document shall serve as evidence of said authorization.

### ALL INFORMATION BELOW MUST BE COMPLETED IN FULL, OR DELAY WILL OCCUR

#### DEFENDANT'S CONTACT & PERSONAL INFO

**Defendant Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Alias** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Driver's License** \_\_\_\_\_ **State** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Race** \_\_\_\_\_  
Identifying Marks/Tattoos \_\_\_\_\_  
Street Address \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **How Long at this address?** \_\_\_\_\_  
**Rent or Own** \_\_\_\_\_ **If Rent, from whom?** \_\_\_\_\_ **How Long Residing in Idaho?** \_\_\_\_\_

#### DEFENDANT'S EMPLOYMENT

**Employer** \_\_\_\_\_ **Supervisor** \_\_\_\_\_ **Title** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
**Employer Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Income \$** \_\_\_\_\_  
**Former Employment** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Income \$** \_\_\_\_\_

#### DEFENDANT'S FAMILY

**Spouse/Partner Name** \_\_\_\_\_ **Spouse's Date of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Spouse Address** \_\_\_\_\_ **Length of Relationship?** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Spouse Maiden Name** \_\_\_\_\_ **How Many Children?** \_\_\_\_\_  
**Parent Name (Mother)** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Parent Name (Father)** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

# Application for Appearance Bond, Cont'd.

## DEFENDANT'S FAMILY, CONT'D

Spouse Parent (Mother) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse Parent (Father) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Brother or Sister (circle) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Brother or Sister (circle) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## DEFENDANT'S VEHICLE(S)

#1 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_  
If in lien, with whom? \_\_\_\_\_ Amount owed? \_\_\_\_\_  
#2 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_  
If in lien, with whom? \_\_\_\_\_ Amount owed? \_\_\_\_\_

## DEFENDANT'S PERSONAL REFERENCES

Reference 1 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ How long known? \_\_\_\_\_  
Reference 2 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ How long known? \_\_\_\_\_

## DEFENDANT'S LEGAL HISTORY

Defendant Attorney \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Arrested Before? \_\_\_\_\_ Convicted? \_\_\_\_\_ On Probation? \_\_\_\_\_ Probation Officer \_\_\_\_\_  
Offense(s) \_\_\_\_\_  
Under any bond now? \_\_\_\_\_ Agent or Surety Company \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INDEMNITOR #1 INFORMATION

**Indemnitor Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Alias** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Driver's License** \_\_\_\_\_ **State** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Homeowner ?** \_\_\_\_\_ **Mortgage Company** \_\_\_\_\_ **Amount Owed** \_\_\_\_\_  
**Employer Name** \_\_\_\_\_ **Supervisor** \_\_\_\_\_ **Title** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
**Employer Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Income \$** \_\_\_\_\_  
**Spouse/Partner Name** \_\_\_\_\_ **Spouse Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Spouse Address** \_\_\_\_\_ **Spouse Employer** \_\_\_\_\_ **Employer Phone** \_\_\_\_\_  
**Spouse Employer Address** \_\_\_\_\_ **How Long Employed?** \_\_\_\_\_  
**Vehicle Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Color** \_\_\_\_\_ **License Plate** \_\_\_\_\_ **State** \_\_\_\_\_  
**Finance Company** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Reference 1** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **How long known?** \_\_\_\_\_  
**Reference 2** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **How long known?** \_\_\_\_\_

## INDEMNITOR #1 INFORMATION

**Indemnitor Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Alias** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Driver's License** \_\_\_\_\_ **State** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Homeowner ?** \_\_\_\_\_ **Mortgage Company** \_\_\_\_\_ **Amount Owed** \_\_\_\_\_  
**Employer Name** \_\_\_\_\_ **Supervisor** \_\_\_\_\_ **Title** \_\_\_\_\_ **How Long?** \_\_\_\_\_  
**Employer Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Income \$** \_\_\_\_\_  
**Spouse/Partner Name** \_\_\_\_\_ **Spouse Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Spouse Address** \_\_\_\_\_ **Spouse Employer** \_\_\_\_\_ **Employer Phone** \_\_\_\_\_  
**Spouse Employer Address** \_\_\_\_\_ **How Long Employed?** \_\_\_\_\_  
**Vehicle Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Color** \_\_\_\_\_ **License Plate** \_\_\_\_\_ **State** \_\_\_\_\_  
**Finance Company** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Reference 1** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **How long known?** \_\_\_\_\_  
**Reference 2** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **How long known?** \_\_\_\_\_





# Power of Attorney – Defendant

www.beneficialbailbonds.com info@beneficialbailbonds.com  
(208) 389-BAIL (208) 459-BAIL

## POWER OF ATTORNEY

## KNOW ALL MEN BY THESE PRESENTS

THAT I, \_\_\_\_\_  
and by these presents do make, constitute and appoint \_\_\_\_\_ my true and lawful attorney for me and in  
my name, place and stead to act for me in the \_\_\_\_\_ Court of \_\_\_\_\_ County, \_\_\_\_\_ State,  
in connection with the charge of \_\_\_\_\_  
now pending against me in said County; and to enter such plea as he may feel is proper in connection with the said charges, giving and granting unto my  
said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises  
as full, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming  
all that my attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF \_\_\_\_\_ X \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ SIGNATURE OF DEFENDANT

On this day of \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me personally appeared \_\_\_\_\_  
to me known to be the person \_\_\_\_\_ described in and who executed the foregoing instrument and \_\_\_\_\_ thereupon  
acknowledged to that \_\_\_\_\_ executed the same.

My Commission Expires \_\_\_\_\_ Notary Public

IMPORTANT! Sun Surety Insurance Company accepts and authorizes its representatives to accept only specific forms of collateral as security.

THIS ACCEPTABLE COLLATERAL IS LIMITED TO:

1. CASH including cashier's checks, money orders, and certified checks;
2. Properly assigned SAVINGS ACCOUNTS represented by passbooks, or properly assigned CERTIFICATES OF DEPOSIT;
3. Properly assigned STOCKS AND BONDS;
4. REAL ESTATE evidenced by properly executed mortgages, deeds of trust or confessions of judgment in accordance with applicable state law.

IMPORTANT! This collateral security receipt and agreement should not be used except in conjunction with acceptable collateral. Representatives are not authorized to accept and Sun Surety Insurance Company is not responsible for any type or form of collateral other than collateral enumerated above.

**TO DEFENDANT AND INDEMNITOR(S): YOU ARE ENTITLED TO A SIGNED RECEIPT FOR COLLATERAL YOU HAVE GIVEN TO THE BONDING AGENT TO SECURE AND INDEMNIFY THIS BOND PURSUANT TO THE TERMS OF THIS AGREEMENT. ANY PROPERTY DEED OR MORTGAGE MUST BE TAKEN IN THE NAME OF SUN SURETY INSURANCE COMPANY. BE SURE ALL YOUR COLLATERAL IS ITEMIZED ON YOUR COLLATERAL RECEIPT.**

I HAVE (NOT) DEPOSITED COLLATERAL with the Agent for the purpose of this Bail Bond and received Receipt Numbered \_\_\_\_\_

Any personal property taken for the purpose of bond premiums or payments indicated on the promissory note will be forfeited if account falls into default 60 days or more and/or property received on agreed payment not meet, will be forfeited 1 day after missed payment. X \_\_\_\_\_  
SIGNATURE OF DEFENDANT

AGENT WITNESS HERE \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF INDEMNITOR

## PROMISSORY NOTE

\_\_\_\_\_ LIABILITY TOTAL \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ DATE

On demand after date, for value received, \_\_\_\_\_ Promise to pay to the order of  
Sun Surety Insurance Company or assigns \_\_\_\_\_ DOLLARS  
at \_\_\_\_\_ 21 Main St. Rapid City, South Dakota 57701 \_\_\_\_\_, with interest thereon at the rate of \_\_\_\_\_ per cent, per annum from Call Date until fully paid.  
Interest payable semi-annually. The maker and endorser of this note further agree to waive demand, notice of non-payment and protest; and in case suit shall be brought for the hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney's fees for making such collection. Deferred interest payments to bear interest from maturity at \_\_\_\_\_ per cent, per annum payable semi-annually. It is further agreed and specifically understood that this 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 the Judge or Judges of competent jurisdiction until the obligations under the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the Surety discharged of all liability thereunder, otherwise to remain in full force and effect.

UPON EXECUTION OF THIS BAIL BOND, PREMIUM IS FULLY EARNED AND **NON-REFUNDABLE** BY SIGNING, YOU ACKNOWLEDGE THESE TERMS

X \_\_\_\_\_ SIGNATURE OF DEFENDANT  
X \_\_\_\_\_ SIGNATURE OF INDEMNITOR  
X \_\_\_\_\_ SIGNATURE OF CO-INDEMNITOR



# Power of Attorney – Indemnitor

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## KNOW ALL MEN BY THESE PRESENTS

THAT I, \_\_\_\_\_  
and by these presents do make, constitute and appoint \_\_\_\_\_ my true and lawful attorney for me and in  
my name, place and stead to act for me in the \_\_\_\_\_ Court of \_\_\_\_\_ County, \_\_\_\_\_ State,  
in connection with the charge of \_\_\_\_\_  
now pending against me in said County; and to enter such plea as he may feel is proper in connection with the said charges, giving and granting unto my  
said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises  
as full, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and  
confirming all that my attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF \_\_\_\_\_ X \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ SIGNATURE OF INDEMNITOR

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SIGNATURE OF DEFENDANT

AGENT WITNESS HERE \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF INDEMNITOR

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hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney's fees for making such collection. Deferred interest payments to bear interest from  
maturity at \_\_\_\_\_ per cent, per annum payable semi-annually. It is further agreed and specifically understood that this 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 the Judge  
or Judges of competent jurisdiction until the obligations under the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the Surety discharged of all  
liability thereunder, otherwise to remain in full force and effect.

UPON EXECUTION OF THIS BAIL BOND, PREMIUM IS FULLY EARNED AND **NON-REFUNDABLE** BY SIGNING, YOU ACKNOWLEDGE THESE TERMS

X \_\_\_\_\_ SIGNATURE OF DEFENDANT  
X \_\_\_\_\_ SIGNATURE OF INDEMNITOR  
X \_\_\_\_\_ SIGNATURE OF CO-INDEMNITOR



# Defendant and Cosigner Promissory Note

www.beneficialbailbonds.com info@beneficialbailbonds.com  
(208) 389-BAIL (208) 459-BAIL

\_\_\_\_\_ dollars for the gross amount borrowed for a surety bail bond. For the value received, the undersigned \_\_\_\_\_ ("The Borrower"), promises to pay to the order of **Beneficial Bail Bonds LLC**, at 9116 W Fairview Ave, Boise, Idaho 83704 (or other such place as the Lender may designate in writing), the sum of \_\_\_\_\_ with interest from \_\_\_\_\_ (date), on the unpaid principal at the rate of \_\_\_\_\_ % (per annum).

## I. TERMS OF REPAYMENT

### A. Payments

Unpaid principal after the Due Date shown below shall accrue interest at a rate \_\_\_\_\_ % annually until paid. The unpaid principal and accrued interest shall be payable in monthly installments of:

\$ \_\_\_\_\_ beginning on \_\_\_\_\_ (date), and continuing for \_\_\_\_\_ months, (the "Due Date"), at which time the remaining unpaid principal and interest shall be due in full.

### B. Application of Payments

All payments on this Note shall be applied first in payment of accrued interest and any remainder in payments of principal.

### C. Late Fee

The Borrower promises to pay a late charge of \$30 per week for each installment that remains unpaid more than 3 days after its Due Date. This late charge shall be paid as liquidated damages in lieu of actual damages, and not as a penalty. Payment of such late charge shall, under no circumstances, be construed to cure any default arising from or relating to such late payment.

### D. Acceleration of Debt

If any payment obligation under this Note is not paid when due, the remaining unpaid principal balance and any accrued interest shall become due immediately at the option of the Lender.

## II. PREPAYMENT

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

## III. COLLECTION COSTS

If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

## IV. DEFAULT

If any of the following events of default occur, this Note and any other obligations of the Borrower to the Lender shall become due immediately, without demand or notice:

- The failure of the Borrower to pay the principal and any accrued interest when due
- The death of the Borrower or Lender
- **The Surety Bonds do not qualify for filing** of bankruptcy proceedings involving the Borrower as a debtor
- The application for the appointment of a receiver for the Borrower
- The making of a general assignment for the benefit of the Borrower's creditors
- The insolvency of the Borrower
- A misrepresentation by the Borrower to the Lender for the purpose of obtaining credit.

# Defendant and Cosigner Promissory Note, Cont'd.

## V. SEVERABILITY OF PROVISIONS

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain fully operative.

## VI. MISCELLANEOUS

All payments of principal and interest on this note shall be paid in the legal currency of the United States. The Borrower waives presentment for payment, protest, and notice of protest and demand of this Note. No delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note, or failure to accelerate the debt evidenced hereby by reason of default in the payment of a monthly installment or the acceptance of a past-due installment shall be construed as a waiver of the right of Lender to thereafter insist upon strict compliance with the terms of this Note without notice being given to Borrower. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

## VII. GOVERNING LAW

This Note shall be construed in accordance with the laws of the State of Idaho.

## VIII. GUARANTY

All signed principles unconditionally guarantees all the obligations of the borrower under this Note and agrees that any modifications of the terms of payment or extension of time of payment shall in no way impair its guarantee, and expressly agrees its guarantee of any modifications or extensions of this Note.

## IX. SIGNATURES

This Note shall be signed by:

IN WITNESS WHEREOF, this Agreement has been executed and delivered in the manner prescribed by law as of the date first written above.

SIGNED	X	_____	_____	Date	_____
		SIGNATURE OF DEFENDANT	Digital Signature		
SIGNED	X	_____	_____	Date	_____
		SIGNATURE OF INDEMNITOR	Digital Signature		
SIGNED	X	_____	_____	Date	_____
		SIGNATURE OF CO-INDEMNITOR	Digital Signature		

**UPON EXECUTION OF THIS BAIL BOND, PREMIUM IS FULLY EARNED AND NON-REFUNDABLE.**



# Disclosure Form

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(208) 389-BAIL (208) 459-BAIL

Date \_\_\_\_\_

Amount of Bond(s) \_\_\_\_\_

Premium \_\_\_\_\_

Bond Number \_\_\_\_\_

Company Beneficial Bail Bonds

### I understand in signing this bond for obtaining the release of

DEFENDANT

I am responsible for him/her appearing in Court each time he/her is so ordered; I understand I am responsible for payment of any court costs for non-appearance if he/she fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not surrendered to the Court within the time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including unpaid bill premium, if applicable in the state. Should state laws supersede this already part of this agreement, all other terms are still in force and effect.

**COLLATERAL** cannot be returned until such time as the company receives written notice from the clerk of the Court.

I am not a paid signer. I have no connection with the Bail Bond Consultant.

I have read the above contract and understand it, and agreed to fulfill ALL the provisions therein.

SIGNED  \_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
Digital Signature

Date \_\_\_\_\_

SIGNED  \_\_\_\_\_  
SIGNATURE OF INDEMNITOR

\_\_\_\_\_  
Digital Signature

Date \_\_\_\_\_

SIGNED  \_\_\_\_\_  
SIGNATURE OF CO-INDEMNITOR

\_\_\_\_\_  
Digital Signature

Date \_\_\_\_\_

AGENT  \_\_\_\_\_  
SIGNATURE OF AGENT

Date \_\_\_\_\_





# Rate Sheet

www.beneficialbailbonds.com info@beneficialbailbonds.com  
(208) 389-BAIL (208) 459-BAIL

**You are now under bail, by Sun Surety Company, and in our custody by your choice. Beneficial Bail Bonds reserves the right to cancel your bail bond and to surrender you back to jail in the event you FAIL TO COMPLY with any of the following conditions or any other conditions that present a risk and liability:**

1. Failure to appear in court, (regardless of reason), for any proceedings, which requires your appearance.
2. Leaving the State of Idaho without prior notification to and consent in writing from the bonding company or the court.
3. Your change of residency or contact phone number without prior notification, and consent of the bonding company.
4. Your failure to cooperate in all respects with your Co-Signer or keep your co-signer & bonding company advised of your new residential location.
5. Pre-trial violations (removing monitor device, urine test, etc.) or recommendations for revocation.
6. No active phone to reach you 24 hours per day.
7. WHEN, IN OUR PROFESSIONAL OPINION, you are about to depart from the jurisdiction of the court.
8. No law violations of any kind.
9. Special conditions, you must call **1-208-389-2245**.
10. False or misleading information on bail bond application, (Material Misrepresentations).
11. Any reason that increases risk liability, safety or security to the agency or community.

Upon your FAILURE TO APPEAR for court at any given time, you and/or your co-signer are completely responsible for amount or amounts of money that is may cost this company to bring you back to the jurisdiction of the court from anywhere in the United States. ALSO, UPON FAILURE TO APPEAR NOTICE FROM THE COURT, the co-signer will have 10 calendar days to deposit the full amount of penal amount of the bond, to be held in a trust account by Beneficial Bail Bonds.

SIGNED X	_____	_____	Date	_____
	SIGNATURE OF DEFENDANT	Digital Signature		
SIGNED X	_____	_____	Date	_____
	SIGNATURE OF INDEMNITOR	Digital Signature		
SIGNED X	_____	_____	Date	_____
	SIGNATURE OF CO-INDEMNITOR	Digital Signature		

## Statement of Charges

- |   |  |
|---|--|
| <input type="checkbox"/> Bail Bond Premium — \$50 Minimum or 10% of Bail Bond | <input type="checkbox"/> Small Claims Court Filing — \$35                              |
| <input type="checkbox"/> Bail Bond Revocation — \$250 per bond                | <input type="checkbox"/> Department of License Transfer Title Fee — \$25 each          |
| <input type="checkbox"/> Failure to Appear — \$250 (regardless of reason)     | <input type="checkbox"/> Filing of Documents Ex-Parte — \$75                           |
| <input type="checkbox"/> Summary Judgement — Full penal amount of Bond        | <input type="checkbox"/> Telephone and Investigative Work — \$100 per person each hour |
| <input type="checkbox"/> Recording of Documents — \$2 per page                | <input type="checkbox"/> Return Check Fee — \$50                                       |
| <input type="checkbox"/> Attorney or Legal Fees — \$250 per hour minimum      | <input type="checkbox"/> Vehicle Storage Fee — \$35 per day                            |
| <input type="checkbox"/> Process Service — \$35 per set                       | <input type="checkbox"/> Interest Rate on Uncollected Money                            |
| <input type="checkbox"/> Late Fees at a minimum \$30 Per Week                 | <input type="checkbox"/> Travel Fees — \$50 Minimum                                    |
| <input type="checkbox"/> Alcohol Monitoring — \$25                            | <input type="checkbox"/> Fugitive Recovery Rate — \$100 per hour minimum               |

**We, as Principal and Indeminitor(s), agree to reimburse surety for all expenses incurred by the surety in connection with the issuance of bail by surety and agree to said charges.**

SIGNED X	_____	_____	Date	_____
	SIGNATURE OF DEFENDANT	Digital Signature		
SIGNED X	_____	_____	Date	_____
	SIGNATURE OF INDEMNITOR	Digital Signature		
SIGNED X	_____	_____	Date	_____
	SIGNATURE OF CO-INDEMNITOR	Digital Signature		

**UPON EXECUTION OF THIS BAIL BOND, PREMIUM IS FULLY EARNED AND NON-REFUNDABLE.**



# Vehicle Power of Attorney

www.beneficialbailbonds.com info@beneficialbailbonds.com  
**(208) 389-BAIL (208) 459-BAIL**

(I/We) \_\_\_\_\_ appoint Beneficial Bail Bonds LLC as my/our attorney-in-fact, to represent (me/us) before the Department of Revenue or any of the County Tax Commissioners' offices in this state with respect to the following described vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

Said attorney-in-fact is authorized to apply for original or replacement certificates of title, to transfer title to said motor vehicle and to perform on (my/our) behalf any act or thing whatsoever concerning such motor vehicle in every respect as (I/we) could do were (I/we) personally present.

This power-of-attorney revokes all earlier powers-of-attorney and shall be in full force and effect until written revocation is received by the commissioner but in no event shall this power-of-attorney be valid beyond six (6) months from the date of its execution.

The undersigned owner(s) further certifies that this power-of-attorney was completely filled in at the time of its execution.

SIGNED **X** \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF OWNER(S) Digital Signature

SIGNED **X** \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF AGENT

## RECEIPT FOR RETURN OF COLLATERAL

The above description have been exonerated, the return of the collateral deposited is requested and receipt of same is hereby acknowledged.

SIGNED **X** \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF OWNER(S) Digital Signature

SIGNED **X** \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF AGENT

Partial or incomplete information may lead to delays in processing this form. Please be thorough.

**UPON EXECUTION OF THIS BAIL BOND, PREMIUM IS FULLY EARNED AND NON-REFUNDABLE.**