

# TOLER

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LIC # 1843065

## BAIL BONDS



### Unpaid Premium Agreement and Application for Bail Bond

Defendant Name: \_\_\_\_\_ Bail Amount \$ \_\_\_\_\_

Jail: \_\_\_\_\_ Additional Charges \$ \_\_\_\_\_

Bond Number: \_\_\_\_\_ Cost of Bail Bond \$ \_\_\_\_\_

Bond Number: \_\_\_\_\_ Amount Paid Down \$ \_\_\_\_\_

County \_\_\_\_\_ Case# \_\_\_\_\_ Charge \_\_\_\_\_

**Court Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_

The undersigned promises to pay the **Balance Due** of \$ \_\_\_\_\_ within **30 Days of bond being written or** Payments of \$ \_\_\_\_\_ per month with first payment due within **30 Days of bond being written**. All subsequent payments are due every 30 days there after.

I (we) have obtained a bail bond for the release of the above names defendant and I (we) promise to pay the balance due as prescribed above. I (we) understand that if my payments are not received five (5) days of the scheduled due date, I (we) can and will be charged a late payment fee, a minimum amount of \$25.00 per payment. The sixth day the payment is late the bond may be revoked. On the tenth day the payment the matter will be sent to small claims court.

This obligation is payable in full, on demand in the event of a forfeiture of the bond or failure to make payments on time. All payments will be made to: **Toler Bail Bonds**

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532 (a) Penal Code section is obtaining goods or services by false pretence which includes false information in order to qualify for a bail bonds.

182 (a) Penal Code section is conspiracy to commit any crime with another person, which includes a person helping another person to give false information to obtain a bail bond and commit a fraud on the insurance company and the court.

#### **Notes and Special Conditions of Bail:**

**I (WE) HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS:**

**I (WE) HAVE RECEIVED A COPY OF DOCUMENTS:**

I declare this information to be true and correct pursuant to the laws for penalty of perjury in the state of California.

Signed: \_\_\_\_\_  
INDEMNITOR

\_\_\_\_\_  
DEFENDANT

Print: \_\_\_\_\_  
INDEMNITOR

\_\_\_\_\_  
DEFENDANT

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT