



DISTRICT COURT OF MARYLAND FOR _____

Located at _____ Case No. _____

Court Address

STATE OF MARYLAND

vs.

Defendant

D.O.B.

AFFIDAVIT OF BAIL BONDSMAN

STATE OF MARYLAND: CITY/COUNTY OF _____

I, the undersigned, respectfully submit that I:

- A. Am duly licensed in the jurisdiction in which the charges are pending, if that jurisdiction licenses bail bondsmen; (MD Rule 4-217(d))
B. Am authorized to engage the Surety Insurers shown on the attached bail bond, as surety on that bail bond, pursuant to a valid general or special power of attorney; (MD Rule 4-217(d))
C. Hold a valid license as an insurance broker or agent in this State and the Surety Insurer is authorized by the Insurance Commissioner of Maryland to write bail bonds in the State; (MD Rule 4-217(d))
D. Am appropriately registered as a Professional Surety with District Court and on approved Bail Bond Surety list maintained by Chief Clerk of the District Court;
E. Am posting a bail bond that is within any limit specified by general power of attorney or real property equity as shown on the court list;
F. Have disclosed the full fee of \$ _____ for my services and the collateral listed with appropriate disclosure of any agreed upon [] promissory note or [] installment contract.

Power #: _____ Indemnitor: _____

Collateral: _____ Address: _____

Promissory Note: _____

Installment Contract: _____

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature of Bail Bondsman

_____ I.D. No.

_____ Address

AFFIDAVIT OF DEFENDANT OR INSURER PURSUANT TO INSURANCE ARTICLE §10-309(d)(1)

I am _____, the Defendant/Insurer of the bond referred to in the foregoing affidavit of _____ bail bondsman. The bail bondsman has agreed to accept payment of the premium charged for the bail bond in installments. The total amount of the premium owed is \$ _____. The amount of the down payment made is \$ _____. The balance owed to the bail bondsman is to be made in _____ installments of \$ _____ on _____.

I solemnly affirm under the penalties of perjury that the contents of this affidavit are true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature of Defendant/Insurer