

STATE OF ARKANSAS  
 COUNTY OF \_\_\_\_\_  
 CITY OF \_\_\_\_\_  
 CASE NUMBER \_\_\_\_\_

NAME OF COMPANY  
 ADDRESS OF COMPANY  
 CITY, STATE, ZIP CODE  
 (AREA CODE) PHONE NUMBER

**BAIL BOND**

XX \_\_\_\_\_

\_\_\_\_\_, hereinafter referred to as the Defendant, being in custody, charged with the  
 Item 5 – defendant  
 offense(s) of \_\_\_\_\_

and having been admitted to bail in the amount of \$ \_\_\_\_\_.

Now \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_ does hereby undertake that the Defendant will appear before the Court designated below at the time indicated and shall at all times render himself amenable to the orders and process of said court in prosecution of charges, and if convicted, shall render himself in execution thereof. If the Defendant fails to perform any of these conditions, we will pay and forfeit to the \_\_\_\_\_ court of \_\_\_\_\_, the sum of \$ \_\_\_\_\_ (County or District to be Inserted)

In Witness Whereof I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Defendant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Surety: NAME OF COMPANY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ County Circuit Court  
 \_\_\_\_\_ Attorney-In-Fact (agent)

On NOTICE TERM \_\_\_\_\_

**Affidavit of Sole Proprietorship**

Authority for:	Item 1	Item 2	Item 3	Item 4	Power Number
To act as Attorney-In-Fact – State of Arkansas		Not valid for Bond in excess of \$ _____	Not valid If used after _____	Date Issued _____	XX _____ 00001
DEFENDANT:					Insert Bond Amount Void if Not Completed
SOCIAL SECURITY #:	DATE OF BIRTH				\$ _____

**AFFIDAVIT OF SOLE PROPRIETORSHIP:**

STATE OF ARKANSAS  
 COUNTY OF \_\_\_\_\_

NAME OF SOLE PROPRIETOR \_\_\_\_\_ being duly sworn upon oath, deposes and affirms as follows:

That I am a resident of the State of Arkansas. That I am the proprietor of \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_, a Professional Bail Bond Company, and that such Company will operate in this State solely as a proprietorship, and that I am responsible for the acts, liabilities, and operations of said company.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 My Commission Expires

\_\_\_\_\_  
 Notary Public