

*All American Bail Bonds*  
P.O. Box 901239  
Palmdale, CA 93590  
Tel: (866) 743-8688

POWER NO.(s) \_\_\_\_\_

\_\_\_\_\_

AMOUNT(s) \_\_\_\_\_

\_\_\_\_\_

## NOTICE TO INDEMNITOR

In signing the BAIL AGREEMENT you become an INDEMNITOR on a BAIL BOND. As an INDEMNITOR you are financially responsible for the DEFENDANT'S appearance in court EACH AND EVERY TIME the DEFENDANT is ordered to appear. You are responsible for the payment of any court costs arising from non-appearance regarding the forfeiture, reinstatement or exoneration of the bond or bonds. Should it become necessary to apprehend and surrender the DEFENDANT to the Court, you are responsible for any and all expenses up to the full penal amount. If a FORFEITURE occurs and the matter is not reinstated OR the DEFENDANT is not surrendered to the Court within the time prescribed by law, you are required to pay the full penal amount of each forfeited bond, plus expenses and any unpaid premium. AS AN INDEMNITOR YOU HAVE THE RIGHT at any time to request this Agency to apprehend and surrender the DEFENDANT should you no longer desire to continue assuming the financial obligation. This office will need at least five (5) business days from the date of release in order to get a certified copy of the bond from the court. (We need this in order for the jail or court to accept the defendant back into custody). If you request this Agency to surrender the DEFENDANT, a MINIMUM charge shall apply.

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**COLLATERAL CANNOT BE RETURNED UNTIL THIS AGENCY RECEIVES A CERTIFIED COPY OF THE DOCKET CONTAINING THE ORDER OF EXONERATION, WHICH YOU MUST BRING IN OR SEND IN THE MAIL, FROM THE COURT.**

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I/We hereby acknowledge receipt of this notice and further acknowledge that any misrepresentation or withholding of information may constitute a violation of the California Penal Code which may include but is not limited to one or more of the following sections: 470, 529, 531, 531(A), 532, 532(a), 538, 560.3.

I certify that the above information is true and correct. I further understand that in signing this document I am authorizing a review of my credit history.

_____	_____	_____
sign name	print name	date
_____	_____	_____
sign name	print name	date
_____	_____	_____
sign name	print name	date
_____	_____	_____
sign name	print name	date