



TOKIOMARINE  
HCC

UNITED STATES SPECIALTY INSURANCE COMPANY  
157 Main St. / P.O. Box 806  
Greenville, PA 16125  
phone: main 800-224-5872  
email: [info@bailusa.net](mailto:info@bailusa.net)

Bail Agent's Name, Address, Phone, Email & Bail License #

### BAIL BOND

No \_\_\_\_\_  
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED)

IN THE \_\_\_\_\_ COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT, COUNTY OF \_\_\_\_\_ STATE OF MONTANA

THE PEOPLE OF THE STATE OF MONTANA

Plaintiff,

Case No. \_\_\_\_\_

VS

Div. No. \_\_\_\_\_

Defendant

Defendant \_\_\_\_\_  
(NAME OF DEFENDANT)

(BOOKING NO.)

having been admitted to bail in the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars and ordered to appear in the above-entitled court on \_\_\_\_\_, 20\_\_\_\_, on \_\_\_\_\_ charge/s.  
(STATE MISDEMEANOR OR FELONY)

Now, the United States Specialty Insurance Company, a Texas Corporation, as Surety hereby undertakes that the above-named defendant will appear in the above-named court on the date above set forth to answer the charge above set forth to answer any charge in any accusatory pleading based upon the acts supporting the complaint filed against him/her and as duly authorized amendments thereof in whatever court it may be prosecuted, and will at all times hold him/herself amenable to the orders and process of the court, and if convicted, will appear for pronouncement of judgment or grant of probation; or if he/she fails to perform either of these conditions that the United States Specialty Insurance Company, a Texas Corporation, will pay to the people of the State of Montana, the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars.

If the forfeiture of this bond be ordered by the Court, judgment may be summarily made and entered forthwith, against the said, United States Specialty Insurance Company.

THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO, IF MORE THAN ONE SUCH POWER IS ATTACHED, OR IF WRITTEN AFTER THE EXPIRATION DATE IF SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.



United States Specialty Insurance Company  
(a Texas Corporation)

By: \_\_\_\_\_  
ATTORNEY-IN-FACT

I certify under penalty of perjury that I am a licensed bail agent of the UNITED STATES SPECIALTY INSURANCE COMPANY and that I am executing this bond on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Location)

(SIGNATURE OF LICENSED AGENT)

THE PREMIUM CHARGED FOR THIS BOND PER ANNUM IS:  
\$ \_\_\_\_\_

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
(Title)

**NOTE: This is an Appearance bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES, OR Wage Law claims, nor can it be used as a Bond on Appeal.**

#### CERTIFICATE OF DISCHARGE OF BOND

Power Amount: \$ \_\_\_\_\_ Power No: \_\_\_\_\_

This is to certify that on or about the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I examined the Records of this Court and find the corresponding power number above has been discharged of record by reason of the following disposition: \_\_\_\_\_ Pled Guilty \_\_\_\_\_ Found Guilty \_\_\_\_\_ Case Dismissed \_\_\_\_\_ Forfeiture Paid \_\_\_\_\_ Other: \_\_\_\_\_. Date of Discharge: \_\_\_\_\_ Person rendering decision, Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Title: \_\_\_\_\_

By: \_\_\_\_\_ (To the clerk of the court, when the bond has been exonerated, please sign and return this form to the bail agent listed above.)