UNITED STATES FIRE INSURANCE COMPANY
11490 Westheimer Rd., Suite 300 77077
P.O. Box 2807 • Houston, Texas 77252-2807
(713) 954-8100 • (713) 954-8389 FAX

AGREEMENT FOR SURETY BAIL BOND

Offense _____ Case #_____ Power # _____ Amount _____

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I have read and had explained to me and understand the following terms and conditions of **UNITED STATES FIRE INSURANCE COMPANY** (hereinafter called "**COMPANY**") executing the above-listed Surety bail bonds on my behalf:

1. **COMPANY** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and **COMPANY,** as provided by law.
2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **COMPANY** and that **COMPANY** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):
   a. If I depart the jurisdiction of the Court without the written consent of the Court and **COMPANY** or its Agent.
   b. If I shall move from one address to another or change my phone number without notifying **COMPANY** and/or its Agent.
   c. If I commit any act which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
   d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
   e. If I make any material false statement in my Bail Bond Application and Contract with **COMPANY**.
3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **COMPANY** for any reason, and I am captured by **COMPANY** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as necessary to effect such return.
4. I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **COMPANY** and/or its Agent to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize, without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **COMPANY** and/or its Agent to furnish any and all private and public information and records in their possession concerning me to **COMPANY** and/or its Agent.

_____ _____ _____
Signature of Defendant | Date of Birth | Social Security Number

_____ _____
Printed Full Legal Name | Address

_____ _____
Signature of Witness | CITY, STATE, ZIP CODE

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ , _____

My Commission Expires: _____ _____
Notary Public