

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

**United States Fire Insurance Company**  
11490 Westheimer Rd., Suite 300 • Houston, TX 77077  
P.O. Box 2807 • Houston, Texas 77252-2807  
(713) 954-8100 • (713) 954-8389 FAX  
Email: CourtNotices@cfins.com

**BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES**

RECEIPT NO.: \_\_\_\_\_

*I understand that the premium owing or paid is fully earned upon the defendant's release from custody. The fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of any premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.*

- 1. Date: \_\_\_\_\_
- 2. Amount Received: \_\_\_\_\_ Dollars(\$ \_\_\_\_\_)
- 3. In the form of:  Cash  Check  Money Order  Credit Card  Other: \_\_\_\_\_
- 4. Payer's Full Name: \_\_\_\_\_
- 5. Payer's Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)
- 6. In connection with (a) Bail Bond(s) for Defendant: \_\_\_\_\_  
(Defendant's full name)
- 7. Bail Bond Amount(s): \_\_\_\_\_ Power Nos (if known) \_\_\_\_\_
- 8. Court Name and address: \_\_\_\_\_
- 9. Date and Time of next required Court Appearance: \_\_\_\_\_
- 10. Charge(s): \_\_\_\_\_
- 11. Bail Bond premium: \$ \_\_\_\_\_
- 12. Itemized expense #1 description: \_\_\_\_\_ \$ \_\_\_\_\_  
(if and as permitted by applicable law)
- 13. Itemized expense #2 description: \_\_\_\_\_ \$ \_\_\_\_\_  
(if and as permitted by applicable law)
- 14. Total Charges: (premium plus any itemized expenses shown above) \$ \_\_\_\_\_
- 15. Amount Paid: \$ \_\_\_\_\_
- 16. Balance Due: \$ \_\_\_\_\_
- 17. Was collateral taken?  Yes  No If "Yes", collateral receipt # \_\_\_\_\_

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

Paid by: \_\_\_\_\_  
Payor Signature  
\_\_\_\_\_  
Payor Name (printed)

Received by: \_\_\_\_\_  
Producer/Representative Signature  
\_\_\_\_\_  
Producer/Representative Name (printed)

**RECEIPT FOR RETURN OF PREMIUM**

You hereby acknowledge the return and receipt of premium listed above. The premium has been returned and you hereby relieve the surety and its producer from any further liability or responsibility in relation to the premium.

TOTAL AMOUNT RETURNED \$ \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Returned by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Bail Producer