

THE NORTH RIVER 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 PRODUCER (stamp must include name, address, phone no., Email and license no.)

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 only) as stated in an addendum attached to the Defendant Bail Bond Application and Agreement and/or Indemnitor Application and Agreement.

1. Today's Date: _____ Date of Defendant's Arrest: _____
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. Date of Defendant's Release on Bail: _____
9. Court Name and address: _____
10. Date and Time of next required Court Appearance: _____
11. Charge(s): _____
12. Bail Bond premium: \$ _____
13. Itemized expense #1 description: _____ \$ _____
(if and as permitted by applicable law)
14. Itemized expense #2 description: _____ \$ _____
(if and as permitted by applicable law)
15. Total Charges: (premium plus any itemized expenses shown above) \$ _____
16. Amount Paid: \$ _____
17. Balance Due: \$ _____
18. 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: _____ Received by: _____
Payor Signature Producer/Representative Signature

Payor Name (printed) Producer/Representative Name (printed)