

UNITED STATES FIRE INSURANCE COMPANY
157 Main Street, Greenville, PA 16125
P.O. Box 806, Greenville, PA 16125
(800) 245-0366 | FAX (724) 588-8801
Email: CourtNotices@cfins.com

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

BAIL BOND

No. _____
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED)

IN THE _____ COURT OF THE _____ JUDICIAL DISTRICT
COUNTY OF _____, STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA, CASE NO. _____

Plaintiff _____

vs. DIV. NO. _____

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

MONTH DAY YEAR TIME

on _____ charge/s;

(STATE "MISDEMEANOR" OR "FELONY")

now, UNITED STATES FIRE INSURANCE COMPANY hereby undertakes that the above-named defendant will appear in the above-named court on the date 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 may be filed and 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 UNITED STATES FIRE INSURANCE COMPANY will pay to the People of the State of California the sum of _____ Dollars (\$ _____) subject to applicable legal provisions.

If the forfeiture of this bond be ordered by the Court, judgment may be summarily made and entered forthwith against the said UNITED STATES FIRE INSURANCE COMPANY for the amount of its undertaking herein as provided by Sections 1305 and 1306 of the Penal Code.

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 SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.

UNITED STATES FIRE INSURANCE COMPANY

[Signature]

By _____
Michael Ziemer – Senior Vice President



I certify under penalty of perjury that I am a licensed bail agent of UNITED STATES FIRE INSURANCE COMPANY and that I am executing this bond on _____

(DATE)

at _____

(LOCATION)

(SIGNATURE OF LICENSED AGENT)

THE PREMIUM CHARGED FOR
THIS BOND IS: _____

Approved this _____ day of _____,
_____ 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 as a Bond on Appeal.

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White – Court Copy • Yellow - Agent Copy

**CERTIFICATE OF DISCHARGE BOND
UNITED STATES FIRE INSURANCE COMPANY**

POWER NO. _____ BOND AMT. \$ _____

This is to certify that on or about the _____ day of _____, _____, the bond with the corresponding power (bond) number has been discharged of record, Date of Discharge _____.

TO THE CLERK OF THE COURT

Please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at.

By _____

Title _____

Bond Amount _____

Defendant _____

Court _____

Date Posted _____

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)