

**— RELEASE AGREEMENTS BY DEFENDANT —**

The defendant and/or any other undersigned hereby authorizes and directs his/her past and present employers, banks, credit unions, hospitals, doctors, insurance companies, telephone companies, utility companies, landlords, the Postal Service, the Armed Forces, state and county social service offices, the Department of Motor Vehicles, any law enforcement officer, any parole or probation officer and any other persons or organizations having information concerning the undersigned that aid in the securing the defendant's appearance in court to give such information to Lanning & Woods Bail Bonds, Inc. and its assigned and/or duly appointed agents. The defendant and/or other undersigned understands that any information obtained will be used for the purpose of securing the defendant's appearance in court. The defendant and/or any other undersigned hereby waives his/her rights with respect to Privacy Act and the authorizes the use of copies of this document by Woods Bail Bonds, Inc. and its assigned agents.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Defendant

**VIOLATION OF ANY OF THE OBLIGATIONS BY THE DEFENDANT WILL RESULT IN YOUR ARREST AND RETURN TO CUSTODY WITHOUT THE RETURN OF THE BOND PREMIUM.**

1. Nonpayment of premium.
2. Changing your address without notifying bondsman
3. Concealing yourself from bondsman.
4. Leaving the jurisdiction of the court without permission of bondsman.
5. Violation of your obligation to the court.

\_\_\_\_\_  
Defendant

The defendant and/or any other undersigned hereby authorizes and directs the Social Security Administration, having information concerning the undersigned that aid in the securing the defendant's appearance in court, to give such information to Woods Bail Bonds, Inc. and its assigned and/or duly appointed agents. The defendant and/or other undersigned understands that any information obtained will be used for the purpose of securing the defendant's appearance in court. The defendant and/or any other undersigned hereby waives his/her rights with respect to the Privacy Act and authorizes the use of copies of this document by Woods Bail Bonds, Inc. and its assigned agents.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Agent Woods Bail Bonds, Inc.

<b>CLIENT INFO REPORT</b>				
NAME <small>LAST                      FIRST                      MIDDLE</small>			ALIAS OR STREET NAME	
DOB	HEIGHT	WEIGHT	SEX	BUILD
EYES	RACE	HAIR	COMPLEX	
SS#		OL#		
SLEEPING ADDRESS			APT/SIDE	
CITY/STATE/ZIP				
PHONE		PAGER		CELLULAR
AUTO 1 MAKE		COLOR	YEAR	TAG & ST.
AUTO 1 MAKE		COLOR	YEAR	TAG & ST.
<b>MORTGAGE / LANDLORD / RESIDENCE INFORMATION</b>				
How long have you lived at your current address? _____				
Do you _____ own _____ rent your home? Other: _____				
Mortgage Company or Person From Whom You Rent: _____				
Address: Mortgage Co. or Landlord _____				
<b>ON PROBATION OR PAROLE: (SPECIFY):</b>			OFFICER NAME:	PHONE
EMPLOYER		DUTIES/OCCUP		SUPERVISOR
ADDRESS		SHIFT		SUPERVISOR
PHONE		JOB SITE		HOW LONG ON JOB
<b>COMMENTS BY BONDSMAN:</b>				

**CLIENT INFO REPORT**

<b>DEFENDANT'S CHILDREN</b>			
CHILD #1 _____	SEX _____	AGE _____	GRADE _____
CHILD #2 _____	SEX _____	AGE _____	GRADE _____
CHILD'S RESIDENCE IF NOT THE SAME AS DEFENDANT _____			
SCHOOL/KINDERGARTEN _____			
PHONE _____		ADDRESS _____	

<b>LIST REFERENCES (RELATIVES AND PERSONAL FRIENDS) WHO DO NOT LIVE AT THE SAME ADDRESS</b> (Specify if they are indemnitor)			
Name _____	Address _____	Phone _____	
Relation. _____	Employer _____	Job Phone _____	
Name _____	Address _____	Phone _____	
Relation. _____	Employer _____	Job Phone _____	
Name _____	Address _____	Phone _____	
Relation. _____	Employer _____	Job Phone _____	
Name _____	Address _____	Phone _____	
Relation. _____	Employer _____	Job Phone _____	

<b>INDEMNITOR'S INFORMATION SHEET</b>			
NAME _____			
RELATIONSHIP TO DEFENDANT	SS#	DOB	OL#
EMPLOYER		ADDRESS	
PHONE (W)	PERSONAL PHONES (H)	PAGER	CELLULAR
HOME ADDRESS/CITY/STATE/ZIP _____			
HOW LONG		RENT OR BUYING FROM WHOM	
SPOUSE		EMPLOYMENT	
AUTO MAKE	COLOR	YEAR	TAG & ST.

**CLIENT INFO REPORT**

Case or Citation		
Attorney & Phone #		
Charges		
Arresting Officer		
Agency		
Bond Date	Bond Amount	Bond Fee
Court (Dist/Supr.)		
Court Date	Magistrate	County
Victim Info		

**RELEASE AGREEMENTS BY DEFENDANT**

THE MEMORANDUM OF AGREEMENT IS BETWEEN THE PRINCIPAL AND SURETY WHEN IN ANY CASE SOME PORTION OF THE BOND PREMIUM PAYMENTS ARE TO BE DEFERRED OR PAID AFTER THE DEFENDANT HAS BEEN RELEASED FROM CUSTODY PURSUANT TO NORTH CAROLINA GENERAL STATUTE 58, ARTICLE 71, SECTION 167.

1. AMOUNT OF BOND PREMIUM CHARGED	=	\$ _____
2. AMOUNT OF BOND PREMIUM DEFERRED	=	\$ _____
3. METHOD AND SCHEDULE OF PAYMENTS:	=	\$ _____

1. \$ _____ DUE _____	7. \$ _____ DUE _____
2. \$ _____ DUE _____	8. \$ _____ DUE _____
3. \$ _____ DUE _____	9. \$ _____ DUE _____
4. \$ _____ DUE _____	7. \$ _____ DUE _____
5. \$ _____ DUE _____	10. \$ _____ DUE _____
6. \$ _____ DUE _____	11. \$ _____ DUE _____

DO NOT SIGN THIS MEMORANDUM OF AGREEMENT BEFORE YOU READ IT. UPON REQUEST, YOU ARE ENTITLED TO A COPY THIS AGREEMENT. ANY SUBSEQUENT MODIFICATIONS OF THIS AGREEMENT MUST BE IN WRITING, SIGNED, DATED AND KEPT ON FILE BY THIS SURETY, WITH A COPY PROVIDED TO THE PRINCIPAL, UPON REQUEST.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
 NAME OF PRINCIPAL  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF SURETY WOODS BAIL BONDS, INC.