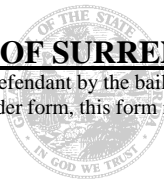


STATEMENT OF SURRENDER FORM

This form must be completed at the time of the surrender of a defendant by the bail bond agent with a copy provided to the defendant, pursuant to 648.4425, Florida Statutes. If a county has a separate surrender form, this form must be completed and attached to that form.



Defendant's full name: _____

Criminal court case number: _____

Reason for surrender: _____

Date of surrender of defendant:

Check one of the following:

Bail Bond Agent physically surrendered defendant, or

Defendant already in custody on other charges.

Will premium be returned to defendant? Yes No If no, explain: _____

Was a surrender fee charged? Yes No

If so, state the amount and reason for fee: _____

Charge:	Date of Bond	Amt. of Bond	Power No.
_____	/ /	\$	_____
_____	/ /	\$	_____
_____	/ /	\$	_____

I DO HEREBY CERTIFY THAT I AM A LICENSED BAIL BOND AGENT PURSUANT TO CHAPTER 648, FLORIDA STATUTES. I FURTHER CERTIFY THE SURRENDER OF THE ABOVE LISTED DEFENDANT IS FOR THE REASON STATED ABOVE. I UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PURSUANT TO SECTION 837.06, FLORIDA STATUTES.

Bail Bond Agent signature _____

Bail Bond Agent name (Printed): _____

Bail Bond Agent license No. _____

Business Name: _____

Business Address: _____

City/State/Zip Code: _____

Receiving Officer's Signature (optional)

Original: Attached to surrender form (if applicable)

Copy: Defendant

Copy: Agent's file for defendant

DFS-H2-1542

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ALIS12