

TIME IN:

TIME OUT:

TIME STAMP

BONDING RELEASE INFORMATION SHEET

Date:	Time:	Emp. Name:	Emp. #:			
INMATE:		(Print) DOB:				
(Last)	(First)	(1)	viiddle)			
(Current Ac	ddress)	(Ci	ty)	(State)	(Zip)	
BOND COMPANY: _				Phone:		
CHARGE:			CHARGE: _			
Principal:			Principal: _			
Case#:			Case#:			
County Fee: \$			County Fee	e: \$		
State Fee: \$			State Fee:	\$		
Bond Fee \$			Bond Fee	\$		
Total Fee \$			Total Fee	\$		
CHARGE:			CHARCE.			
Principal:						
Case#:						
County Fee: \$						
State Fee: \$						
Bond Fee \$						
Total Fee \$						
inmate is ready fo		r/affirm that this bo	e inmate above nd was initiated	e and contact me a	at the number provided v	
Bondsman:		Bo	onding Conta	ct Number:		