



O'SHAUGHNAHILL
SURETY & INSURANCE, INC.

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Shamrock Bail Bonds
1528 Broadway
Ft. Myers, FL 33901
(239) 332-2245
shamrockbailbonds.biz

Agent name, Address, Phone & License #

O'SHAUGHNAHILL SURETY & INSURANCE, INC.
DISCLOSURE FORM

Bond Numbers: _____

Amount of Bond(s): \$_____ Premium: \$_____ Date: _____

I understand in signing this bond(s) for obtaining the release of:
("Defendant")

I am responsible for Defendant appearing in court each time Defendant is so ordered. I also understand I am responsible for payment of any court costs for non-appearance if Defendant fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender Defendant to the Court. I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such forfeiture occurs and Defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including unpaid bail premium.

COLLATERAL cannot be returned until such time as the O'Shaughnahill Surety & Insurance, Inc. receives written notice from the Clerk of the Court. Defendant and Indemnitor must call O'Shaughnahill Surety & Insurance, Inc. or its authorized agent should they move, change employment or if the phone number is changed or disconnected or any other condition changes relevant to the bond or indemnity application. FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN REVOCATION OF THE BOND.

If the Indemnitor wishes to be released from their obligation prior to adjudication, Indemnitor must recommit the Defendant into the custody of the jail of jurisdiction. Our agent may provide for the recommittal of the Defendant, however fees will be determined by time and distance involved.

SHOULD THE DEFENDANT FAIL TO APPEAR FOR HIS/HER COURT DATE, THE FULL AMOUNT OF THE BOND IS DUE WITHIN 60 DAYS FROM THAT DATE.

I am not a paid signor. I have no connection with a Bail Bond Agent or Consultant. I have not been coerced or persuaded. I agree to the terms and conditions voluntary and at my own free will.

SIGNED: _____
Indemnitor

Co-Indemnitor

WAIVER OF RIGHTS
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

In addition, the Defendant/Indemnitor hereby authorizes and directs their relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the U.S. Armed Forces, the State Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies, all telecommunication carriers, i.e. paging, cellular phone, long distance and phone companies, and any other persons or organizations having information concerning the Defendant/Indemnitor to give such information to O'Shaughnahill Surety & Insurance, Inc. or its authorized agent and its assigns and/or duly authorized representative for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant/Indemnitor hereby waives his/her rights with respect to all applicable federal and state privacy laws and authorizes the use of copies of this document by O'Shaughnahill Surety & Insurance, Inc. or its authorized agent and its assigns and/or fully authorized representatives. Defendant/Indemnitor further understand that this is an application for a type of credit and authorized review of Defendant/Indemnitor's credit history via credit reporting agencies.

I have read the above contract and understand it, and agree to fulfill ALL provisions therein.

SIGNED: _____
Defendant

Indemnitor

Co-Indemnitor

Agent