



DEFENDANT CHECK-IN PROGRAM

Appointment Date _____ Time _____

Name

Phone Number

Street Address (Must match record of place of dwelling)

City

State

Zip

Initial

I have read the terms of this agreement and agree to and understand the following: *By signing below I agree to be available and to meet with the assigned bail agent in person at the date, time, and location listed on this agreement. I agree to allow my bondsman and/or any representing bail agents to enter the address listed on this agreement to verify my dwelling. I understand that bodycam and/or photos will be used during visit. I understand that failure to do so will result in a breach of contract with my bondsman and that my bondsman and/or any representing bail agents have the legal authority to take all necessary actions to satisfy the terms of the original bail bond agreement. I understand that I may request, with no guarantee of approval, that my appointment be rescheduled by calling my bondsman no less than 24 hours prior to the scheduled appointment time.*

Print Name

Date

Signature

Date