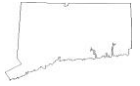


STATEWIDE BAIL BONDS LLC. COLLATERAL DEPOSIT

86 BROAD STREET, NEW LONDON, CT 06320

PHONE (860) 440-6039 FAX (860) 447-2809

WWW.STATEWIDEBAILBONDS.COM



BOND INFORMATION

DATE ____/____/____ BOND AMOUNT _____ LOCATION OF BOND _____

DEFENDANT NAME _____ DATE OF BIRTH _____

COLLATERAL DEPOSIT AMOUNT _____ POWER # _____

ADDITIONAL INFORMATION _____

DEPOSITER INFORMATION

NAME _____ ADDRESS _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

PHONE (best # for contact) _____ SECOND PHONE # _____

COLLATERAL DEPOSIT TERMS

- THE ABOVE COLLATERAL IS TO BE HELD AS SECURITY FOR THE ABOVE BOND(S). IF DEFENDANT FAILS TO APPEAR IN COURT, THE COLLATERAL IS FORFITED.
- COLLATERAL IS ONLY RETURNED WHEN THE DEFENDANTS CASE HAS A DISPOSITION (example: court approved program, probation) A COURT CONTINUANCE IS NOT A DISPOSITION.
- STATEWIDE BAIL BONDS AGREES TO DEPOSIT THE ABOVE COLLATERAL INTO A NON-INTEREST BEARING ACCOUNT FOR SAFE KEEPING DURING THE CASE.
- COLLATERAL CAN ONLY BE RETURNED TO THE ABOVE DEPOSITOR IN THE FORM OF A COMPANY CHECK.
- IN ORDER TO HAVE COLLATERAL RETURNED YOU MUST:
 - (1) HAVE A CERTIFIED COPY OF THE DISPOSITION OF ABOVE COURT CASE.
 - (2) HAVE A COPY OF THIS COLLATERAL RECEIPT.
 - (3) MAIL A COPY OF BOTH DOCUMENTS TO ABOVE ADDRESS OR FAX TO ABOVE FAX NUMBER.
(allow 20 business days for return of collateral AFTER we receive the above indicated documents)

DEPOSITOR SIGNATURE _____ AGENT SIGNATURE _____

THE ABOVE SIGNED INDICATES THAT THE DEPOSITOR HEREBY ACKNOWLEDGES A COPY OF THIS DOCUMENT WAS RECEIVED

Questions about your Collateral Deposit ? Call our Credit Department (860) 440-6039

PLEASE READ AND UNDERSTAND THIS CONTRACT BEFORE SIGNING THIS DOCUMENT