



FULL NAME: _____ NICKNAMES: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (H): _____ (CELL): _____ TEXT: _____
 RACE: _____ HT: _____ WT: _____ SEX: _____ DOB: _____
 DRIVER LICENSE #: _____ STATE: _____ SS#: _____
 Email: _____ Facebook name: _____

RESIDENCE INFORMATION / LANDLORD

YEAR/MONTHS AT CURRENT ADDRESS: _____ DO YOU: _____ OWN: _____ RENT: _____ OTHER: _____
 MTG COMPANY or LANDLORD NAME AND ADDRESS: _____

EMPLOYMENT:

YOUR OCCUPATION: _____ NAME OF EMPLOYER: _____
 NAME OF SUPERVISOR: _____ ADDRESS: _____
 PHONE: _____ HOW LONG WITH THIS EMPLOYER: _____

REFERENCES (Who can I get in touch with if I can't get you or Co-signer)

FULL NAME: _____ NICKNAMES: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (H): _____ (CELL): _____ TEXT: _____

FULL NAME: _____ NICKNAMES: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (H): _____ (CELL): _____ TEXT: _____

NOTICE

**58-71-20 ARREST WITHOUT RETURN OF FEE
 FOR ANY OF THE FOLLOWING REASONS:**

1. Fails to pay premium or premium payment
2. Changes address w/out notifying bondsman
3. Physically hides from bondsman
4. Leaves States without the permission of bondsman
5. Violates any order of the court.
6. Fails to disclose info or provides false info regarding any failure to appear in court, any previous felony convictions within the past 10 years or any charges pending in any other State or Federal Court.
7. Knowingly provides incorrect personal ID or uses a false name or alias.

I understand that I may be arrested and surrendered to the jail without return of the bail premium for any of the seven reasons listed above.

Defendant Signature: _____

APPLICATION DECLARATION:

Under penalties of perjury, I declare that I have read the foregoing, and the information provided is true. I declare that I have read the foregoing, and the information provided is true and correct without reservation. The information and representations made in the Application are for the purpose of inducing the Surety to undertake the bonds(s) for which I have applied with the intent that the Surety fully relies upon the information and representations contained herein. I agree to indemnify and hold harmless the Surety Company and its Agents for any and all losses that may arise from the execution of the bond(s) applied for herein, unless prohibited by application law or regulation.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE FOUND GUILTY OF A CLASS 2 FELONY.

DEFENDANT SIGNATURE

DATE



INDEMNITOR APPLICATION

FULL NAME: _____ NICKNAMES: _____ RELATIONSHIP: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (H): _____ (CELL): _____ TEXT: _____
 RACE: _____ HT: _____ WT: _____ SEX: _____ DOB: _____
 DRIVER LICENSE #: _____ STATE: _____ SS#: _____
 EMAIL: _____ FACEBOOK NAME: _____

RESIDENCE INFORMATION / LANDLORD

YEAR/MONTHS AT CURRENT ADDRESS: _____ DO YOU: _____ OWN: _____ RENT: _____ OTHER: _____
 MTG COMPANY or LANDLORD NAME AND ADDRESS: _____

EMPLOYMENT:

YOUR OCCUPATION: _____ NAME OF EMPLOYER: _____
 NAME OF SUPERVISOR: _____ ADDRESS: _____
 PHONE: _____ HOW LONG WITH THIS EMPLOYER: _____

REFERENCES (Who can I get in touch with if I can't get you or Co-signer)

FULL NAME: _____ NICKNAMES: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (H): _____ (CELL): _____ TEXT: _____
 FULL NAME: _____ NICKNAMES: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (H): _____ (CELL): _____ TEXT: _____

INDEMNITOR/Co-SIGNER CONTRACT:

_____, I, Indemnitor / Co-Signer understand in signing this Bond for obtaining the release of :
 _____ (DEFENDANT)

I AM RESPONSIBLE FOR:

1. Him/Her appearing in court each time he/she is ordered, until the case is resolved.
2. For any Payments Due for unpaid premium.
3. Responsible for payment of the FULL AMOUNT of the POSTED BOND, upon in the case of forfeiture and the defendant cannot be found and rearrested.
4. To assist in the location of the defendant if a court date had been missed.

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

_____ I understand that once this contract has been executed that I as the Indemnitor / Co-signer cannot be removed unless a breach of one of the seven reasons listed in NC Statute 18-71-20 has occurred.

APPLICATION DECLARATION:

Under penalties of perjury, I declare that I have read the foregoing, and the information provided is true. I declare that I have read the foregoing, and the information provided is true and correct without reservation. The information and representations made in the Application are for the purpose of inducing the Surety to undertake the bonds(s) for which I have applied with the intent that the Surety fully relies upon the information and representations contained herein. I agree to indemnify and hold harmless the Surety Company and its Agents for any and all losses that may arise from the execution of the bond(s) applied for herein, unless prohibited by application law or regulation.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE FOUND GUILTY OF A CLASS 2 FELONY.

 INDEMNITOR SIGNATURE

 DATE

Defendant Name: _____

CO-Signer Name: _____

INDEMNITY AGREEMENT AND GUARANTY

NORTH CAROLINA

_____ **COUNTY**

I, _____, in consideration of _____ acting and being obligated as surety on bail bond for _____ in the amount of \$ _____ do guarantee the payment of said bond to the above named Bail Bondsman in the event of forfeiture by the above named principal. I specifically waive notice of acceptance of this guaranty, acknowledge myself as fully bound by all provisions of the above stated bail bond, and expressly agree to pay, upon demand, any amount owing, not to exceed the amount of forfeiture ordered there-under, and I do hereby agree to indemnify and hold harmless the above Bail Bondsman for such amounts required to pay upon such forfeiture. This agreement is void upon termination of liability on the bail bond as provided by North Carolina Administrative Code T11 13.0512

This _____ day of _____, _____.

DEFENDANT SIGNATURE:

INDEMNITOR /CO-SIGNER SIGNATURE:

AGENT SIGNATURE:

AUTHORIZATION RELEASE OF INFORMATION FOR THE PURPOSE OF LOCATING

I hereby authorize _____, a Surety Bail Bondsman, or his agents to contact any person, employer, company, bureau, corporation, agency, hospital, educational institution or any other facility or person for any information as to my person, whereabouts or background. I hereby authorize any of the above to release any information as to my person, whereabouts or background to _____ or his agents.

I hereby release any of the above from any and all responsibility and liability. I freely and voluntarily give this authorization as a condition of the above mentioned bond until I have fulfilled the obligations of the above mentioned bond to _____ or his agents. This authorization shall suffice for release of information under my true name or any alias I may use.

I have read and fully understand the terms of this release.

DEFENDANT SIGNATURE:

INDEMNITOR /CO-SIGNER SIGNATURE:

AGENT SIGNATURE:



Other conditions that the Defendant and Co- Signer agree to:

1. You irrevocably, grant to Surety residence, or any other residence or and Ball Producer, and their agents and employees, the right to enter your residence, or any other residence or real property you own without notice, at any time, for the purpose of locating, arresting, and returning the Defendant to custody, and subject to applicable law.
2. Defendant agrees that Surety may attach a location tracking device on any vehicle owned or driven by defendant at any time, without notice, and monitor the location of the vehicle through any available technology. Defendant further agrees that Surety may use location technologies to locate and track any wireless device of Defendant at anytime during the period of the bond is in force and any applicable Bond remission period, and the Bond is conditioned upon the full compliance by Defendant with the following terms and conditions:
 - (a) Surety, at its discretion, will use network-based location technologies to locate Defendant; (b) This is the only notice receive for the collection of location information; (c) Surety will retain location data only while the Bond is in force and during any applicable Bond remission period; (d) Surety may disclose location information as required by Court Order or process; (e) Surety, including its agents and representatives, will be the only entities or persons with access to your location information; and (f) YOU WILL NOT HAVE THE OPTION TO OPT-OUT OF LOCATION USE OR TRACKING DURING THE PERIOD THE BOND IS IN FORCE AND ANY APPLICABLE BOND REMISSION PERIOD.

DEFENDANT SIGNATURE:

INDEMNITOR /CO-SIGNER SIGNATURE:

NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
() DISTRICT () SUPERIOR COURT DIV

COUNTY OF _____

Margaret Darlene Cox)
Absolute Freedom Bail Bonds, LLC)
PLAINTIFF)
Vs.)
)
)
)
DEFENDANT)

CONFESSED JUDGMENT

PROMISSORY NOTE WITH POWER OF ATTORNEY TO CONFESS JUDGMENT FOR VALUE RECEIVED. On this the ____ day of _____, 20____, I, the undersigned, promises to pay to the order of Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC the sum of _____ (\$_____), negotiable and payable at any bank or trust company or such place as the holder hereof shall designate without offset. I, the maker and endorser hereby waive the benefit of our homestead exemptions as to this debt; notice of maturity, presentment, demand, protest and notice of protest; and agree to pay court cost, litigation expenses, and in addition to a reasonable attorney's fee for collection. This is to ensure repayment of bail bonds(s) forfeiture and non-payment of the total amount of premium and any and all expenses incurred as a result of non-appearance. This note will be litigated in Randolph County, North Carolina, regardless of the inconvenience of the forum. This note is payable on demand by Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC 336-301-1378. To the Clerk of District/Superior/Circuit Court of the City of _____, in the State of North Carolina, or any Clerk of District/Superior/Circuit court whom the undersigned attorney-in-fact may represent this Confession of Judgement in case of default hereunder.

DEFENDANT: _____ DEFENDANT: _____
Print Sign

GREETING:

Be it known to you that the undersigned is justly indebted to Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC holder of this note, in the sum of the face amount of this Promissory Note, as to which obligation they hereby waive the benefit of their homestead exemptions and do hereby constitute and appoint any attorney or law firm that Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC chooses to appoint to act, as our true and lawful attorney-in-fact, with the full power and authority hereby given to whomever they appoint to appear before you in your said office for them to confess judgment before you therein against them in favor of the payee of this note, or assigns, for the principal due thereon from the date hereof until paid, plus any and all attorney's fees, expenses incurred, and court costs. The pronouns we/they/them/our refers to the maker, endorser, or guarantor of the instrument.

(NOTICE; THIS INSTRUMENT CONTAINS A CONFESSION OF JUDGMENT PROVISIONS WHICH CONSTITUTES A WAIVER OF IMPORTANT RIGHTS YOU MAY HAVE AS A DEBTOR AND ALLOWS THE CREDITOR TO OBTAIN A JUDGMENT AGAINST YOU WITHOUT FURTHER NOTICE.)

The undersigned have fully read the foregoing and execute the same as voluntary act and deed.

DEFENDANT: _____ DEFENDANT: _____
Print Sign

NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
() DISTRICT () SUPERIOR COURT DIV

COUNTY OF _____

Margaret Darlene Cox)
Absolute Freedom Bail Bonds, LLC)
PLAINTIFF)
Vs.)
)
)
)
INDEMNITOR)

CONFESSED JUDGMENT

PROMISSORY NOTE WITH POWER OF ATTORNEY TO CONFESS JUDGEMENT FOR VALUE RECEIVED. On this the ____ day of _____, 20____, I, the undersigned, promises to pay to the order of Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC the sum of _____ (\$_____), negotiable and payable at any bank or trust company or such place as the holder hereof shall designate without offset. I, the maker and endorser hereby waive the benefit of our homestead exemptions as to this debt; notice of maturity, presentment, demand, protest and notice of protest; and agree to pay court cost, litigation expenses, and in addition to a reasonable attorney's fee for collection. This is to ensure repayment of bail bonds(s) forfeiture and non-payment of the total amount of premium and any and all expenses incurred as a result of non-appearance on behalf for the Defendant _____. This note will be litigate in Randolph County, North Carolina, regardless of the inconvenience of the forum. This note is payable on demand by Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC 336-301-1378. To the Clerk of District/Superior/Circuit Court of the City of _____, in the State of North Carolina, or any Clerk of District/Superior/Circuit court whom the undersigned attorney-in-fact may represent this Confession of Judgement in case of default hereunder.

INDEMNITOR : _____ INDEMNITOR: _____
Print Sign

GREETING:

Be it known to you that the undersigned is justly indebted to Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC holder of this note, in the sum of the face amount of this Promissory Note, as to which obligation they hereby waive the benefit of their homestead exemptions and do hereby constitute and appoint any attorney or law firm that Margaret Darlene Cox, Absolute Freedom Bail Bonds, LLC chooses to appoint to act, as our true and lawful attorney-in-fact, with the full power and authority hereby given to whomever they appoint to appear before you in your said office for them to confess judgment before you therein against them in favor of the payee of this note, or assigns, for the principal due thereon from the date hereof until paid, plus any and all attorney's fees, expenses incurred, and court costs. The pronouns we/they/them/our refers to the maker, endorser, or guarantor of the instrument.

(NOTICE; THIS INSTRUMENT CONTAINS A CONFESSION OF JUDGMENT PROVISIONS WHICH CONSTITUTES A WAIVER OF IMPORTANT RIGHTS YOU MAY HAVE AS A DEBTOR AND ALLOWS THE CREDITOR TO OBTAIN A JUDGMENT AGAINST YOU WITHOUT FURTHER NOTICE.)

The undersigned have fully read the foregoing and execute the same as voluntary act and deed.

INDEMNITOR : _____ INDEMNITOR: _____
Print Sign



Defendant Name: _____

Power Number: _____

Modification Date: _____

Bond Date: _____

PROMISSORY NOTE / MEMORANDUM OF AGREEMENT

The **PROMISSORY NOTE / MEMORANDUM OF AGREEMENT** is between the Principal and the Surety when in any case some portion of the bond premium payments are to be deferred or paid after the defendant has been released from custody pursuant to North Carolina General Statute 58, Article 71, Section 167.

1. Amount of Bond Premium Charged \$ _____
2. Amount of Bond Deferre \$ _____
3. _____

Method and Schedule of Payments: ☐ Cash ☐ Credit Card ☐ Money Order

Number of Payments (Circle one & Enter#) _____ Monthly / Bi-Weekly / Weekly / Daily

Amount of each Payment:

- | | | | |
|-------------|-----------------|--------------|-----------------|
| 1. \$ _____ | Due Date: _____ | 6. \$ _____ | Due Date: _____ |
| 2. \$ _____ | Due Date: _____ | 7. \$ _____ | Due Date: _____ |
| 3. \$ _____ | Due Date: _____ | 8. \$ _____ | Due Date: _____ |
| 4. \$ _____ | Due Date: _____ | 9. \$ _____ | Due Date: _____ |
| 5. \$ _____ | Due Date: _____ | 10. \$ _____ | Due Date: _____ |

FINANCIAL AGREEMENT ACKNOWLEDGEMENT

I understand that the bond premium was due in full at the time the bond was written. I understand that this bond premium has been financed by the bond company and I still owe the remaining balance in full regardless of the tie and disposition of the case I was bonded on and that even if I am sentenced to and or jailed on a different charge(s).

ALL PREMIUMS ARE STILL DUE DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT.

❖ Upon request you are entitled to a copy of this agreement. Any subsequent modifications of this agreement must be in writing, signed, dated and kept on file by the Surety bondsman, with a copy provided to the Principle, upon request.

❖ *Below my signature ensures that I have read and completely understand this contract in its entirety.*

DEFENDANT SIGNATURE: _____

DATE: _____

INDEMNITOR SIGNATURE: _____

DATE: _____

AGENT SIGNATURE: _____

DATE: _____



**ABSOLUTE FREEDOM
BAIL BONDS, LLC**

1283 Grantville Lane, Asheboro, NC 27205
336-301-1378 www.afbllc.com

PICTURE OF DEFENDANT	PICTURE OF INDEMNITOR
DEFENDANT DRIVERS LICENSE	INDEMNITOR DRIVERS LICENSE



**ABSOLUTE FREEDOM
BAIL BONDS, LLC**

1283 Grantville Lane, Asheboro, NC 27205
336-301-1378 www.afbllc.com

Defendant Name: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CCV:
Cardholder Mailing address for the card:
Cardholder ZIP Code (from credit card billing address):

Front of Card:

Back of Card:

--	--

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____ Date _____

Agent Signature: _____ Date _____