

**INDEMNITY AGREEMENT**  
**(CO-SIGNER FORM)**

I understand that upon signing this agreement for the release of defendant I am responsible for his/her presence in court every time it is ordered and I also understand that I am responsible to pay whatever applicable court costs are incurred should he/she fail to abide by any order given by the court or should it be necessary to turn him/her over to the courts as directed by law.

I understand that I am responsible for any expenses incurred should the defendant fail to appear in court or if the defendant is not apprehended within the time limited by the court. Therefore, I understand that I shall have to make arrangements to pay my part of the total amount of the court costs, re-arrest fees, attorney's fees and all other costs incurred. In the event that I wish to withdraw my application and remove myself as a co-signer, I understand that there may be a fee that must be paid in advance before withdrawing my signature. The applicable fee is non-negotiable or refundable. The fee necessary to withdraw my signature will be in the amount of at least \$50.00 but not to exceed \$200.00.

DEFENDANT'S NAME: \_\_\_\_\_

**Co-Signer** (PLEASE PRINT)

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ ID / DL: \_\_\_\_\_  
Employment: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
References: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Relationship) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

I hereby authorize any person, agency, partnership or corporation having any information concerning my character and financial reputation, to release such information to Concho Bail Bonds and /or its agents for the purpose of guaranteeing and indemnifying a defendant for the release on bond with Concho Bail Bonds. This information will not be available for public inspection. I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to Concho Bail Bonds, including liability under any local, state or federal law. I have read and understood the above Authorization to Release Information Form.

**\*\*\*\*\*ATTACH COPY OF PHOTO ID OF CO-SIGNER\*\*\*\*\***