

Arizona Asset Management & Recovery Inc.

Better Bail Bonds | www.247getbail.com

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1-800-GET-BAIL

PH: 520-622-3350 / FAX: 520-334-2088

Incident Write up | Counseling | Return to Jail Order

Date: _____ Time: _____

Defendant Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Indemnitor Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Location: _____

On ____ day of _____, 20____, at _____ HRS, the incident noted below occurred with the
[] Defendant, [] Indemnitor(s) [] other, at the address listed above or at following address.

Address: _____ City: _____ State: _____ Zip: _____

INCIDENT:

CORRECTIVE ACTION:

The Defendant and Indemnitor have been counseled and agree not to violate bail bond contract in future and agree to pay all fees due for above violation within 7 days or the violation will stand and defendant will be returned to jail.

[] Suspended for 7 days for payment

[] Return to Jail order

[] Failure to comply with Bail Bond Terms and Conditions

[] Information received or action of Indemnitor

[] Defendant is in custody of (department's name) _____ Booking # _____

[] Other _____

[] Warning to comply with Terms and Conditions

[] Failure to pay Premiums or Fees

[] Failure to pay Collateral

X _____ X _____

Defendant Signature

Indemnitor Signature

Agent or Firm Additional Charges:

Credit Card Payment Information: Card Holder Information

Last Name: _____ First _____

Billing Address: _____

City/State/Zip: _____

Type of Card : VISA M/C Discover (circle one)

Card Number: _____

Expiration Date: ____ / ____ / ____

CVN Code: _____ (3 digit number on back)

D.O.B. ____ / ____ / ____ S.S.N. _____

Card Holder Signature:

X _____ Date _____

DESCRIPTION	QTY	COST	TOTAL
Payment Type:	SUBTOTAL		
[] Cash	3% Non Cash		
[] Credit	Total		
[] Check / M.O.	Paid		
	Balance		

Agent Signature: _____ Last: _____ First: _____

Agent Signature: _____ Last: _____ First: _____

Agent Signature: _____ Last: _____ First: _____