

Surety:

MTAW INSURANCE COMPANY
157 MAIN STREET, GREENVILLE, PA 16125
P.O. BOX 806 GREENVILLE, PA 16125
(800) 245-0366 | FAX (724) 588-8801
Email: CourtNotices@cfins.com

BAIL PRODUCER (stamp must include name, address, phone no., Email and license no.)

BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES

RECEIPT NO.: _____

I understand that the premium owing or paid is fully earned upon the defendant's release from custody. The fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of any premium.

1. Today's Date: _____ Date of Defendant's Arrest: _____
2. Amount Received: _____ Dollars(\$ _____)
3. In the form of: Cash Check Money Order Credit Card Other: _____
4. Payer's Full Name: _____
5. Payer's Address: _____
(Street address) (City) (State) (Zip)
6. In connection with (a) Bail Bond(s) for Defendant: _____
(Defendant's full name)
7. Bail Bond Amount(s): _____ Power Nos (if known) _____
8. Date of Defendant's Release on Bail: _____
9. Court Name and address: _____
10. Date and Time of next required Court Appearance: _____
11. Charge(s): _____
12. Bail Bond Premium: \$ _____
13. Bail Bond Premium Paid: \$ _____
14. Balance Due: \$ _____
15. Was collateral taken? Yes No If "Yes", collateral receipt # _____

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

Paid by: _____ Received by: _____
Payor Signature Payor Name (printed) Producer/Representative Signature Producer/Representative Name (printed)