

<p>Surety:</p> <p>MTAW Insurance Company</p> <p>157 MAIN STREET, GREENVILLE, PA 16125 P.O. BOX 806 GREENVILLE, PA 16125 (800) 245-0366 FAX (724) 588-8801 Email: CourtNotices@cfins.com</p>	<p>BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]</p>
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COLLATERAL RECEIPT

DO NOT LOSE THIS RECEIPT

RECEIPT NO.: _____

1. DATE: _____
2. DEPOSITOR'S NAME: _____
3. ADDRESS: _____
(Street) (City) (State) (Zip)
4. PHONE NUMBERS: HOME: _____ WORK: _____ MOBILE: _____
5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral: In the amount of _____ Dollars (\$ _____) paid by way of: Cash; Check; Other (Itemize and describe source of other: _____)
If collateral is other than money, check the following: Vehicle Mortgage Agreement Other, describe and specify condition)

The above collateral is placed as security for the bail bond(s) and premium owed, if any, due to underwriting the bail bond(s) for the following:

6. DEFENDANT: _____ CASE NO.: _____
(Defendant's Full Name)
7. BOND AMOUNT: \$ _____ POWER NUMBER: _____
8. COURT: _____ CHARGES: _____
9. RECEIVED BY: _____
Signature of Bail Producer Printed Name of Bail Producer

10. COLLATERAL HELD BY (check one): Bail Producer Surety Managing General Agent

You are depositing the collateral as security for the payment of any and all monies and sums due to surety or its producers, including all liability, claims, debts (including promissory notes), judgments and premiums, suffered, sustained, made or incurred by surety or its producers on account of, arising out of or relating to the above bail bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Agreement or other obligations arising out of or evidenced by any agreement executed by you, Defendant or any other indemnitor(s) for the benefit of surety or its producer, all of the terms of which are made a part of this receipt by this reference ("Liabilities").

NOTE: Unless a properly drawn, executed and notarized legal assignment document is accepted and acknowledged by the surety or its designee, the collateral listed above will be returned only to you. As stated in the Indemnitor Application and Agreement, the collateral shall be returned to you, your heir, legal representative or successor in interest within 15 days after all of the following are satisfied: (i) surety receives competent written legal evidence satisfactory to surety (such as, for example, written notice from the court) of surety's discharge or release from all liability under the above bail bond; (ii) there are no outstanding Liabilities; and (iii) upon surety's request, you shall have executed and delivered to surety a general release upon surety's return of the collateral to you.

11. You hereby acknowledge receipt of a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to:

DEPOSITOR'S SIGNATURE

RECEIPT FOR RETURN OF COLLATERAL

You hereby surrender the original of this collateral receipt and acknowledge the return and receipt of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the surety and its producer from any further liability or responsibility in relation to the collateral. You have received the items listed below:

TOTAL AMOUNT RETURNED \$ _____
Other collateral returned: _____

Received by: _____ DATE: _____ Returned by: _____ DATE: _____
Signature Signature of Bail Producer