## **SURETY:**

MTAW INSURANCE COMPANY
157 Main Street, Greenville, PA 16125
P.O. Box 806, Greenville, PA 16125
(800) 245-0366 • (724)588-8801 FAX
CourtNotices@cfins.com

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

IN THE	COURT
l .	COUNTY, STATE OF
THE STATE OF	_
Plaintiff VS.	
	No
Defendant	
Know All Men By These Presents:	
That we,	as Principal and MTAW INSURANCE COMPANY, as
Surety (Identified by attached Power of Attorney No	) are held and
firmly bound unto the	
in the sum of	
for the payment whereof well and truly to be made we bind ourse	elves, our heirs, executors, administrators, successor
and assigns, jointly and severally firmly by these presents.	
The condition of this obligation is such that if the said	, Principal, shall appear at the
next Regular or Special term of the	
Court to answer the charge of	
and shall appear from day-to-day and term-to-term of said	Court and not depart the same without leave, the
this obligation to be void, else to remain in full force and virtu	ue. Principal defendant does hereby waive extraditio
proceedings and agrees to return voluntarily to the state and cou	ırt of original jurisdiction.
Signed and sealed this day of	, A.D
Taken before and approved by me:	
ruance C	
Name Name	Principal  MTAW INCLIDANCE COMPANY
2014 *****	MTAW INSURANCE COMPANY
**************************************	Dv.
	By Attorney-In-Fact
THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT	Agency Name
GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO, IF MORE THAN ONE SUCH POWER IS ATTACHED	Address
OR IF WRITTEN AFTER THE EXPIRATION DATE SPECIFIED	
ON THE ATTACHED POWER OF ATTORNEY.	City, State, Zip

S-0033MIC (11/21)