

THE NORTH RIVER 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

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

**BAIL BOND**

No. \_\_\_\_\_  
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED)

IN THE \_\_\_\_\_ COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT  
 COUNTY OF \_\_\_\_\_, STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA, CASE NO. \_\_\_\_\_

Plaintiff

vs.

DIV. NO. \_\_\_\_\_

Defendant

Defendant \_\_\_\_\_ (NAME OF DEFENDANT) \_\_\_\_\_ (BOOKING NO.)

having been admitted to bail in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) and ordered to appear in the above-entitled court on

\_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ TIME \_\_\_\_\_ on \_\_\_\_\_ charge/s;  
(STATE "MISDEMEANOR" OR "FELONY")

now, THE NORTH RIVER INSURANCE COMPANY hereby undertakes that the above-named defendant will appear in the above-named court on the date above set forth to answer any charge in any accusatory pleading based upon the acts supporting the complaint filed against him/her and as duly authorized amendments thereof, in whatever court may be filed and prosecuted, and will at all times hold him/herself amenable to the orders and process of the court and if convicted, will appear for pronouncement of judgment or grant of probation, or if he/she fails to perform either of these conditions, that THE NORTH RIVER INSURANCE COMPANY will pay to the People of the State of California the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) subject to applicable legal provisions.

If the forfeiture of this bond be ordered by the Court, judgment may be summarily made and entered forthwith against the said THE NORTH RIVER INSURANCE COMPANY for the amount of its undertaking herein as provided by Sections 1305 and 1306 of the Penal Code.

**THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO, IF MORE THAN ONE SUCH POWER IS ATTACHED OR IF WRITTEN AFTER THE EXPIRATION DATE SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.**

THE NORTH RIVER INSURANCE COMPANY  
 (A New Jersey Corporation)

By \_\_\_\_\_  
 Michael Ziemer – Senior Vice President



I certify under penalty of perjury that I am a licensed bail agent of THE NORTH RIVER INSURANCE COMPANY and that I am executing this bond on \_\_\_\_\_ (DATE)

at \_\_\_\_\_ (LOCATION)

\_\_\_\_\_  
(SIGNATURE OF LICENSED AGENT)

THE PREMIUM CHARGED FOR  
 THIS BOND PER ANNUM IS: \$ \_\_\_\_\_

Approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ Title

**NOTE: This is an Appearance Bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES, or Wage Law claims, nor can it be as a Bond on Appeal.**

S-0019NR NR CA Discharge Face Sheet (07/22)

**CERTIFICATE OF DISCHARGE BOND  
 THE NORTH RIVER INSURANCE COMPANY**

POWER NO. \_\_\_\_\_ BOND AMT. \$ \_\_\_\_\_

This is to certify that on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the bond with the corresponding power (bond) number has been discharged of record, Date of Discharge \_\_\_\_\_.

**TO THE CLERK OF THE COURT**

Please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at.

By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Bond Amount \_\_\_\_\_  
 Defendant \_\_\_\_\_  
 Court \_\_\_\_\_  
 Date Posted \_\_\_\_\_

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)