

KANSAS DISTRICT COURT
DISTRICT AND MUNICIPAL COURTS
QUALIFYING BONDSMAN AFFIDAVIT FORM

(Company Name)

I, _____, being of lawful age and under penalty of perjury, hereby swear and affirm that I have never been convicted of a person felony offense or any felony offense in Kansas or any other state in the United States as mandated by K.S.A. 2014 Supp22-2809a (c). I also swear and affirm that I am a resident of the State of Kansas and am qualified to act as a surety under Kansas Law as mandated by K.S.A. 2017 Supp22-2809b. I also swear and affirm that I am current on all my obligations in all jurisdictions for which I am qualified.

Date

(Agent Signature)

State of Kansas

VS

County of _____

Subscribed in my presence and sworn to me this _____ day of _____, 202_

by _____

(Agent Name)

Notary Public

Seal:

Credit Card Authorization Form

I authorize _____ to keep my signature on file and to charge the credit card selected below for Bail Bond Fee(s) and/or Bond Forfeiture expenses as indicated below.

___ One time charge of \$_____ to be charged on _____.
(Month, Day, Year)

Or

___ Recurring charges of \$_____ to be charged _____ on _____
(day of the week) **OR** _____ (day of the month)

Not to exceed balance of \$_____.

Check one: _____ Visa _____ MasterCard _____ Discover _____ AMEX

Client Name: _____

Cardholder Name: _____

Cardholder Phone #: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Note: Address must match credit card statement address

Credit Card Number: _____ Expiration Date: _____

Cardholder Signature: _____ Today's Date: _____

Security Code: _____ (3 or 4 digits on back of card)

Proof of identity must be attached to this document.

Defendant Name: John Doe Date of Bond: 02/15/2023

Promissory Note- Bond Premium/Forfeiture Payment

Promissory Note: For value received the undersigned hereby jointly and severally promises to pay Any Name Bonding Company, 1234 Main St, Anywhere, KS 12345; the total sum listed below, together with interest thereon. THIS NOTE shall, at the option of any holder thereof, be immediately due and payable upon the failure to pay any payment due hereunder within (3) days of the due date; along with a \$_____ late fee.

IN THE EVENT this note shall be in default and placed in collection, ANY NAME BONDING COMPANY shall have the authority to charge and assess collection costs and expenses, including reasonable attorney's fees, and penalties and interest for the late payment or nonpayment thereof." Payments not made within (3) days of the due date shall be subject to said late charge. Each Payor hereby waives presentment protest and notice of dishonor and any other notice that may otherwise be required.

THE UNDERSIGNED and all other parties to this note, whether as endorsers, guarantors, indemnitors, or sureties, agree to remain fully bonded hereunder until this note shall be paid in full. No modifications or indulgence by any holder hereof shall be binding unless in writing; and any indulgence on any one occasion shall not be an indulgence for any other or future occasion. Any modification or changes of terms hereunder irrevocably grants to others as designated by Any Name Bonding Company, a "Power of Attorney" to enter into any such modification on their behalf. The rights of any holder hereof shall be cumulative and not necessarily successive. This note shall take effect as a sealed instrument and shall be construed, governed, and enforced in accordance with the laws of the state of Kansas.

The undersigned hereby executes this note as principal as well as surety.

This sum shall be due and payable, from time to time as follows: **Total Bond Fee:** \$1000.00
Paid when Bonded: \$500.00
Total Balance Due: \$500.00

Payment Schedule: \$125.00 bond premium on 1st day of March, 2023; and, \$125.00 bond premium on 1st day of April, 2023; and, \$125.00 bond premium on 1st day of May, 2023; with final payment due \$125.00 bond premium on 1st day of June, 2023.

Dated this 15th day of February, 2023.

Signature

Print Name

Address

City, State, Zip Code

Telephone Number

SS#

DOB

Bail Agent Approval:

Bail Agent Printed Name

Signature

Print Name

Address

City, State, Zip Code

Telephone Number

SS#

DOB

Bail Agent Signature

Credit Card Authorization Form

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Last Four of Credit Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____ authorize _____ to charge my credit card above for the amount of \$ _____ plus applicable taxes and fees for agreed upon purchases.

Customer Signature

Date

*****Please be prepared to send a photo of the credit card showing the last four digits if requested*****