

**CONNIE HOLT BAIL BONDS  
RULES & REGULATIONS**

You are required to adhere to and comply with all rules and conditions set forth in this agreement conceding the bail bond(s) to which Connie Holt Bail Bonds has posted Surety on your behalf regarding the charges of \_\_\_\_\_ on bond(s) dated \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

1. YOU MUST CONTACT A Quick BAIL BONDS AT 405-262-1010 EVERY WEDNESDAY BETWEEN THE HOURS OF 4:00 P-M AND 10:00 PM. TO CHECK-IN. ALL BONDS EXCEEDING \$7500 WILL BE REQUIRED TO APPEAR IN PERSON TO OFFICE LOCATED AT 508 N, CHOCTAW EL RENO, OK 73036
2. During the term of the bond (s) you may not leave the county of your residence, the State of Oklahoma, or the United States without prior express permission of Connie Holt Bail Bonds.
3. You must notify Connie Holt Bail Bonds within 8 hours of any changes of your employment, home address, or phone numbers during the term of the bond(s).
4. Starting on \_\_\_\_\_, 20\_\_. You must pay \_\_\_\_\_ every \_\_\_\_\_, to Connie Holt Bail Bonds until your account is paid in full. Total fee \_\_\_\_\_
5. THERE WILL BE A \$25.00 LATE FEE ASSESSED IF YOUR PAYMENT GOES 10 DAYS PAST DUE AND \$5.00 PER DAY THEREAFTER.
6. ALL ACCOUNTS MUST BE PAID IN FULL BEFORE THE DISPOSAL OF YOUR CASE,
7. A representative of Connie Holt Bail Bonds may, at anytime contact you by phone or in person, at home or your place of employment during the term of the bond (s).
8. Failing to comply with the above regulations, providing false information, or being arrested, or placed under arrest during the terms of the bond (s) are grounds for Connie Holt Bail Bonds to request to be released from the bond(s) and warrant(s) being issued for your arrest. Connie Holt Bail Bonds shall not return any collateral/security of the bond (&) are released under these circumstances.
9. Bond jumping is a criminal offense. You may be charged with Bond jumping if you fail to appear in court as required during the term of the bond(s). Connie Holt Bail Bonds will not return any collateral/security if you fail to appear in court as required.
10. I understand the requirements set forth above and I, \_\_\_\_\_, hereby authorize Connie Holt Bail Bonds or its representatives to contact, investigate, and/or obtain information from my employer (s), credit references, medical facilities, children's school and/or Credit Bureaus for a period of 2 years from the date of this document to insure my appearance in court.

Principal \_\_\_\_\_ SSN \_\_\_\_\_

Agent, Connie Holt Bail Bonds \_\_\_\_\_ Date \_\_\_\_\_

Indemnitor \_\_\_\_\_ SSN \_\_\_\_\_

Agent, Connie Holt Bail Bonds \_\_\_\_\_ Date \_\_\_\_\_