



**STATEMENT OF SURRENDER FORM**

This form must be completed by the bail bond agent at the time of a defendant's surrender and a copy will be provided to the defendant, pursuant to section 648.4425, Florida Statutes (F.S.).

**DEFENDANT'S FULL NAME:** \_\_\_\_\_

**CRIMINAL COURT CASE NUMBER:** \_\_\_\_\_

**REASON FOR SURRENDER:** \_\_\_\_\_

**DATE OF SURRENDER:** \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**  Bail bond agent physically surrendered defendant  
 Defendant already in custody on other charges

**WILL THE PREMIUM BE RETURNED TO DEFENDANT?**  Yes  
 No

**IF NO, EXPLAIN:** \_\_\_\_\_

**WAS A SURRENDER FEE CHARGED?**  Yes  
 No

**IF YES, STATE THE AMOUNT AND REASON FOR FEE:** \_\_\_\_\_

<u>CHARGE</u>	<u>DATE OF BOND</u>	<u>AMOUNT OF BOND</u>	<u>POWER NO.</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

I DO HEREBY CERTIFY THAT I AM A LICENSED BAIL BOND AGENT PURSUANT TO CHAPTER 648, F.S. I FURTHER CERTIFY THE SURRENDER OF THE ABOVE-LISTED DEFENDANT IS FOR THE REASON STATED ABOVE. I UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PURSUANT TO SECTION 837.06, F.S.

**BAIL BOND AGENT SIGNATURE:** \_\_\_\_\_

**BAIL BOND AGENT NAME (PRINTED):** \_\_\_\_\_

**BAIL BOND AGENT LICENSE NO.:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

Original: Jail copy  
Copy: Defendant  
Copy: Agent's file for defendant

\_\_\_\_\_  
 Signature of Receiving Officer (if applicable)



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