

Accredited
www.accredited-inc.com

ACCREDITED SURETY AND CASUALTY COMPANY, INC.
4798 NEW BROAD STREET • SUITE 200
ORLANDO, FL 32814
PHONE: 407.629.2131

RECEIPT and STATEMENT OF CHARGES

Received of:

NAME _____

ADDRESS _____

Expenses (Itemize in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses.)

Was Collateral taken: (YES) (NO) (NO) If Yes, only use collateral receipt furnished above.

Name and Address of Bail Bond Agency

By Homelle

MEMORANDUM OF BAIL BOND FURNISHED

Defendant [REDACTED] Amount of Bond \$ 5000 - Date Filed _____

Defendant Date of Birth _____ Social Security Number _____

Charges 23152 (a) VC

Date Released _____ Date to Appear Dec 18, 2008 Time 8:30 AM

Case No. ON VIEW Court Superior City/St. Santa Rosa CA

Received Copy of Above Receipt and Memo (Signature of Defendant or Depositor) [REDACTED]

CB-011(B) (03/08)

POWER NUMBER

A50- [REDACTED] 9DATE 11-27-08\$ 500 -

BAIL BOND PREMIUM

\$ -

MISC. CHARGES

\$ 500 -

TOTAL CHARGES

\$ 500 -

RECEIVED ON ACCOUNT

\$ 0

BALANCE DUE