

**CLUTCH CITY BAIL BONDS
RULES & REGULATIONS**

You are required to adhere to and comply with all roles and conditions set forth in this agreement conceding the bail bond(s) to which Clutch City Bail Bonds has posted Surety on your behalf regarding the charges of _____ on bond(s) dated _____ day of _____ 20__.

Defendants **MUST** check in at the office(4141 N. Frwy Ste 124 Houston, TX 77022)

****within **24 Hours** of his/her Jail Release****

1. YOU MUST CONTACT CLUTCH CITY BAIL BONDS AT **713-568-6060** EVERY MONDAY BETWEEN THE HOURS OF 9:00 A-M AND 6:00 PM. TO CHECK-IN. ALL BONDS EXCEEDING \$7500 WILL BE REQUIRED TO APPEAR IN PERSON TO OFFICE LOCATED AT 4141 NORTH FREEWAY SUITE 124 HOUSTON TX, 77022
2. During the term of the bond (\$) you may not leave the county of your residence, the State of Texas, or the United States without prior express permission of Clutch City Bail Bonds.
3. You must notify Clutch City Bail Bonds within 4 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 Clutch City 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 Clutch City 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 Clutch City Bail Bonds to request to be released from the bond(s) and warrant(s) being issued for your arrest. Clutch City Bail Bonds shall not return any collateral/security if 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). Clutch City 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 Clutch City Bail Bonds or its representatives to contact, investigate, and/or obtain information from my employer (s), credit references, medical facilities, 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, Clutch City Bail Bonds _____

Date _____

Indemnitor _____

SSN _____

Agent, Clutch City Bail Bonds _____

Date _____