



**ROCHE**  
SURETY AND CASUALTY CO., INC.

**COLLATERAL RECEIPT**  
DO NOT LOSE THIS RECEIPT

RECEIPT NO.: \_\_\_\_\_

Roche Surety And Casualty Co., Inc.  
4107 N. Himes Avenue, 2nd Floor  
Tampa, Florida 33607  
Toll Free: 800.789.3899  
Main: 813.623.5042

Bail Producer Stamp: [must include name, address, phone no. and license no.]

1. DATE: \_\_\_\_\_
2. DEPOSITOR'S NAME: \_\_\_\_\_  
First Middle Last
3. ADDRESS: \_\_\_\_\_  
Street City State Zip
4. PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_
5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral:  
 In the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) paid by \_\_\_\_\_  
way of (i.e., cash, check no., money order no.) \_\_\_\_\_  
 Other (Itemize and describe if collateral is other than money and specify condition) \_\_\_\_\_

The above collateral is placed as security for the bail bond(s), premium owed, if any, and all lawful costs incurred due to underwriting the bail bond(s) for the following:

6. DEFENDANT: \_\_\_\_\_ ("Defendant") CASE NO.: \_\_\_\_\_

7. BOND AMOUNT: \$ \_\_\_\_\_ First Middle Last POWER NOS: \_\_\_\_\_ BOND NO.: \_\_\_\_\_  
(If required by law)

8. COURT: \_\_\_\_\_ CHARGES: \_\_\_\_\_

9. RECEIVED BY: \_\_\_\_\_  
Signature of Bail Producer Printed Name of Bail Producer

10. COLLATERAL HELD BY (check one):  Bail Producer  Surety  Managing General Agent

Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement ("Agreement"), you are depositing the collateral as security for the payment of any and all monies and sums due to surety or its producers, including all liability, claims, demands, debts (including promissory notes), damages, judgments, losses, interest, premiums, expenses, services charges, expenditures, attorneys' fees and costs suffered, sustained, made or incurred by surety or its producers on account of, arising out of or relating to the above bail bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Agreement and any and all debt or other obligations arising out of or evidenced by any agreement executed by you, Defendant or any other indemnitor(s) for the benefit of surety or its producer, all of the terms of which are made a part of this receipt by this reference ("Liabilities").

**NOTE:** Unless a properly drawn, executed and notarized legal assignment document is accepted and acknowledged by the surety or its designee, the collateral listed above will be returned only to you. Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement, the collateral shall be returned to you, your heir, legal representative or successor in interest (less any Liabilities) within 30 days after all of the following are satisfied: (i) surety receives competent written legal evidence satisfactory to surety (such as, for example, written notice from the court) of surety's discharge or release from all liability under the above bail bond; (ii) there are no outstanding Liabilities; (iii) there are no other outstanding bonds or obligations executed by, for or on behalf of you or Defendant in connection with which the surety may deem it advisable to retain such collateral for its protection; and (iv) upon surety's request, you shall have executed and delivered to surety a general release upon surety's return of the collateral to you.

In Florida, if you are using a credit card to provide collateral, you are required to pay an additional credit card fee in the following amount: \$ \_\_\_\_\_.

You hereby acknowledge receipt of a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to.

\_\_\_\_\_  
DEPOSITOR'S SIGNATURE

**RECEIPT FOR RETURN OF COLLATERAL**

You hereby surrender the original of this collateral receipt and acknowledge the return and receipt of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the surety and its producer from any further liability or responsibility in relation to the collateral.

DATE: \_\_\_\_\_ You have received the items listed below:

TOTAL AMOUNT RETURNED \$ \_\_\_\_\_

Other collateral returned \_\_\_\_\_

Received by: \_\_\_\_\_ Returned by: \_\_\_\_\_  
Print Name Print Name of Bail Producer  
Signature Signature of Bail Producer

**NOTICE FOR FLORIDA RESIDENTS:** For any complaints or inquiries, you may contact the Department of Financial Services, Bail Bond Section, 200 E. Gaines Street, Tallahassee, FL 32399-0322, (850) 413-5660 or 1-877-693-5236 (in-state).