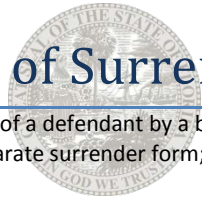


# Statement of Surrender Form



This form must be completed at the time of the surrender of a defendant by a bail bond agent with a copy provided to the defendant, pursuant to §648.4425, Florida Statutes. If a jail has a separate surrender form; this form must be completed and attached to that form.

Defendant's full name: \_\_\_\_\_

Criminal court case number: \_\_\_\_\_ Surrender Date: \_\_\_\_\_

Reason for surrender: \_\_\_\_\_

Please check one of the following:

- Bail bond agent physically surrendered defendant
- Defendant already in custody on other charges

Will premium be returned?     Yes     No (If no, explain below)

Was a surrender fee charged?     Yes     No

If yes, state the amount and reason for the fee: \_\_\_\_\_

Charge	Date of Bond	Amount of Bond	Power Number

**I DO HEREBY CERTIFY THAT I AM A LICENSED AND APPOINTED BAIL BOND AGENT PURSUANT TO CHAPTER 648, FLORIDA STATUTES. 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 §837.06, FLORIDA STATUTES.**

Bail Bond Agent Signature: \_\_\_\_\_

Bail Bond Agent Printed Name: \_\_\_\_\_

Bail Bond Agent License Number: \_\_\_\_\_

Bail Bond Agency Name: \_\_\_\_\_

Bail Bond Agency Address: \_\_\_\_\_

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

Original: Attach to jail surrender form (if applicable)

Copy: Defendant

Copy: Bail bond agent's file