



JESUS CHRIST BAIL BONDS
12 South Calvert Street 2nd Floor
Baltimore, Maryland 21202

410-292-3029 Mobile Email 8663152157@archwireless.net
ASK FOR BISHOP BARRY

" LET GOD FREE YOU "
" WHO HE SET'S FREE IS FREE INDEED "

FAX

PAGE (S) _____ Including Cover

TO: _____

FROM: BARRY CHAPMAN _____



How did you hear about us? _____



JESUS CHRIST BAIL BONDS

QUESTIONNAIRE AND APPLICATION FOR BAIL BOND

DEFENDANT _____ SS# _____
 DEFENDANT'S ADDRESS _____
 _____ ZIP CODE _____ HOW LONG _____
 PHONE _____ CASE # _____
 CHARGES _____ PLACE OF ARREST _____
 DATE OF BIRTH _____ WHERE BORN: _____
 SEX _____ RACE _____ HEIGHT _____ EYES _____ HAIR _____
 IDENTIFICATION MARKS, SCARS, TATTOOS, ETC. _____
 DRIVER'S LIC _____ STATE _____
 MOTHER'S NAME _____ ADDRESS _____ PHONE _____
 FATHER'S NAME _____ ADDRESS _____ PHONE _____
 KID'S NAME _____ ADDRESS _____
 SCHOOL NAME _____
 PRIOR BONDSMAN _____ # PRIOR ARRESTS _____
 LOCATION OF PRIOR ARRESTS _____
 DEF PREVIOUS ADRESS _____ APT _____ HOW LONG _____
 EMPLOYER: _____ ADDRESS _____
 PHONE: _____ JOB-TITLE _____ HOW LONG _____
 SPOUSE _____ ADDRESS _____ PHONE _____
 BOND AMOUNT _____ PREMIUM _____
 AMOUNT PAID _____ BALANCE _____
 ON DEMAND _____

(**please complete in its entirety**)

INDEMNITOR _____ SS# _____ DOB _____
 ADDRESS _____ ZIP _____ PHONE _____
 EMPLOYER _____ ADDRESS _____ PHONE _____
 JOB TITLE _____ WORK SHIFT _____
 SPOUSE'S NAME _____ ADDRESS _____
 INDEMNITOR'S SIGNATURE _____ DATE _____

(All of the information contained in this document is true)

Defendant Sheet ID Check Record Bail Receipt E

answer I warrant to be true without any mental reservation whatsoever, as follows:

Amount of Bond _____ Obligee _____
 Name of Defendant _____ Address _____
 (Also Alias) _____ Phone No. _____
 Age _____ Married _____ Children _____ Nationality _____
 Business of Defendant _____ Address _____
 _____ Phone No. _____
 Church, Lodge, Club, or Union, Name and Address _____ Phone No. _____
 Nature of Charge _____ Court _____ Date to appear _____
 Attorney for Defendant _____ Defendant ever arrested before _____
 Address _____ Defendant ever convicted before _____
 Phone No. _____ Date and charge _____
 Social Security No. _____ Text Draft Board No. _____
 City _____ State _____ Classification _____

Give below Defendant's nearest living relatives (if none in this County, give friends)

NAME	ADDRESS	RELATIONSHIP	OCCUPATION

Name of Applicant and Indemnitor _____ Relation _____
 Residence _____ Business Address _____
 Phone No. _____ Phone No. _____ Business or Occupation _____

Financial Statement of Applicant

ASSETS		LIABILITIES	
Cash in _____ Bank \$ _____		Money Borrowed on Note _____ \$ _____	
Stocks, bonds, mortgages (market value):			
_____ \$ _____			
_____ \$ _____			
Real Estate, the title to which is in my name alone:		Mortgages on real estate scheduled opposite:	
A _____ \$ _____		A _____ \$ _____	
B _____ \$ _____		B _____ \$ _____	
Accounts receivable _____ \$ _____		Accounts Payable _____ \$ _____	
Other Assets (in detail) _____ \$ _____		Other Liabilities (in detail) _____ \$ _____	
_____ \$ _____		_____ \$ _____	
Total Assets \$ _____		Total Liabilities \$ _____	

The maker of the above statement hereby authorizes the Company to confirm the bank balance claimed and all other items comprising said statement.
 Are you guarantor upon any other bonds? _____ Endorser upon any note or other obligation? _____
 Are there any judgments against you? _____ How much do you consider yourself worth? _____
 How soon could you raise the amount of your indemnity? _____ How? _____
 Remarks: _____

The above financial statement is made for the purpose of inducing INTERNATIONAL FIDELITY INSURANCE COMPANY is extend credit to the undersigned, and to accept him as indemnitor, and I hereby declare under oath that I have therein stated the truth, without any mental reservation whatsoever.

THE PREMIUM PAID ON THIS BOND IS NOT RETURNABLE.

Subscribed and sworn before this _____ day of _____, 20 _____

 Applicant and Indemnitor

 Notary Public

My commission expires _____

Note: Each indemnitor must furnish and sign separate financial statements.

AGREEMENT OF INDEMNITY / CONFESSED JUDGEMENT

This AGREEMENT made this _____ day of _____, 20____ between _____ Bail Bond, hereinafter referred to as Bondsman, and _____ hereinafter referred to as indemnitor(s).

WITNESSETH:

WHEREAS, The Bondsman, at the special request of the undersigned, indemnitor, and in reliance on the promise of the indemnitor to execute this agreement.

(a). Has executed, or promised to execute the said bail bond, State of Maryland vs: _____ defendant. case number _____ or

(b). Has consented to refrain from taking any action at the present time to seek his release as bondsman on the said bond.

NOW, THEREFORE, in consideration of the promises, and for other goods and valuable consideration, the indemnitor does (if there be more than one indemnitor, they jointly, and severally and for each other do) undertake, covenant, and agree as follows:

1. That the indemnitor(s) will indemnify and will keep indemnified at all time, and will save, and hold the Bondsman harmless from and against all claims, demands, liabilities, costs, charges, and expenses of every kind and nature which the Bondsman's may at any time sustain, or incur as a result of the Bondsman action under this indemnity, which bond has been set in the amount of _____.

2. The indemnitor(s) agree to pay to the Bondsman all sums, and amounts of money to meet every claim, demand, liability, cost, expense, suit, order, decree, payment, and adjudication against the Bondsman by reason of the execution of the aforesaid bond, or undertaking executed for the indemnitor(s) including counsel, and attorney's fees, and cost of investigation incurred, or paid by the Bondsman in any litigation, or investigation connected therewith, plus interest at the rate 10%.

3. THAT IN THE EVENT OF ANY FORFEITURE THAT MAY BE TAKEN, AND ENTERED AGAINST THE BONDSMAN ON THE AFORESAID BOND, OR UNDERTAKING, THE INDEMNITOR(S) WILL PROMPTLY PAY TO THE BONDSMAN THE SUM OF \$ _____ DOLLARS, WHICH REPRESENTS THE AMOUNT OF BAIL BOND POSTED BY THE BONDSMAN IN ADDITION TO ANY OF THE EXPENSES, OR FEES AS STATED IN PARAGRAPHS 1 AND 2 ABOVE.

4. THE INDEMNITOR(S) AGREE THAT \$ _____ IS DUE 60 DAYS FROM DATE OF FOREFEITURE. I/WE PROMISE TO PAY TO THE ORDER OF _____ BAIL BOND, BY AGENT, PAYABLE TO _____ BALTIMORE, MD. _____, WITHOUT DEFALCATION, VALUE RECEIVED, WITH INTEREST.

AND FURTHER, I do hereby empower any attorney of any Court of Record within the United States or elsewhere to appear for me and for one or more Declarations filed, confess judgement against me as of any term for the above sum with cost of suit and attorney's commission of 30% for collection and release of all errors, and without stay of executive and inquisition and extension upon any level on real estate is hereby waived and condemnation agreed to and the exemption of personal property from levy and the sale of any execution hereon, it is also hereby expressly waived, and no benefit of examination be claimed under and by virtue of any exemption law now enforced or which may be hereafter passed. I hereby certify that I/We are not members of the military service.

IN WITNESS WHEREOF, the underaigned have duty set their hands, and seals hereto on the day and year first set forth above.

INDEMNITOR

ADDRESS

(SEAL)

PROMISSORY NOTE

Date: _____

Amount: \$ _____ .00

FOR VALUE RECEIVED, the undersigned, jointly and severally if more than one person signs, promises to pay to the order of _____ Bail Bonds, Inc. at _____ Maryland _____, immediately upon demand, the principal sum of _____ dollars (\$ _____ .00)

The undersigned shall be in default under this Note upon non-payment when demanded of the unpaid balance of the principal sum. Upon default hereunder, the unpaid balance hereof shall, without further notice or demand, become immediately payable, and the undersigned further agrees to pay any and all costs and expenses, including reasonable attorney's fees in the amount of fifteen percent (15%), plus court costs, if any, arising in connection with the enforcement or collection of this Note or any payment hereunder may be extended from time to time, or liability may be extinguished as to one undersigned, without in any way affecting the liability of any other undersigned.

Witness _____ Indemnitor _____

Witness _____ Indemnitor _____

CREDIT CARD AUTHORIZATION FORM

I, _____ hereby give Barry Chapman, Jesus Christ Bail Bonds, Inc., their employees, agents, independent contractors authorization to use my credit card in any transaction their company deem necessary or related to the transaction. I also hold all the above mentioned parties harmless in any claim arising out the authorization of the credit card.

****Please List 3 References****

Name _____

Address _____ Zip _____

Phone _____

Name _____

Address _____ Zip _____

Phone _____

Name _____

Address _____

Phone _____ Zip _____



DISTRICT COURT OF MARYLAND FOR City/County

Located at Court Address Case No.

STATE OF MARYLAND

VS. Defendant D.O.B

AFFIDAVIT OF BAIL BONDSMAN (4-217)(d)(3)

STATE OF MARYLAND: CITY/COUNTY OF

I, the undersigned, respectfully submit that I:

- A. Am duly licensed in the jurisdiction in which the charges are pending, if that jurisdiction licenses bail bondsmen
- B. Am authorized to engage the Surety Insurers shown on the attached bail bond, as surety on that bail bond, pursuant to a valid general or special power of attorney;
- C. Hold a valid license as an insurance broker or agent in this State and the Surety Insurer is authorized Insurance Commissioner of Maryland to write bail bonds in this State.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best knowledge, information and belief.

..... Date

..... Signature of Bail Bondsman

..... Address

Department of Public Safety and Cor
Baltimore Central Booking and
Eager Street Entran

General Information for
(Bail Bondsmen & Genera

(In order to process Bail Releases and other Co
the following information must be provided.)

NAME: (PLEASE PRI

ADDRESS

CITY/STATE/

(AREA CODE) TELEPH

BAIL BONDS PERSON LICENSE #

BAIL VERIFICATION FORM

Date: _____ Processing #: _____

1. Name: _____ Date of Birth: _____

Address: _____ SID#: _____

Case #(s): _____

2. Name: _____ Date of Birth: _____

Address: _____ SID#: _____

Case #(s): _____

3. Name: _____ Date of Birth: _____

Address: _____ SID#: _____

Case #(s): _____

4. Name: _____ Date of Birth: _____

Address: _____ SID#: _____

Case #(s): _____

RECORDING REQUESTED BY:
gent Name and Address:

AND WHEN RECORDED MAIL TO:

INTERNATIONAL FIDELITY
INSURANCE COMPANY
P.O. BOX 9810
CALABASAS, CA 91372-9810
(800) 935-2245

DEED OF TRUST

This Deed of Trust, made this _____ day of _____, _____ between _____, herein called TRUSTOR, and Robert W. Nairn and Jeffrey S. Nairn, herein called TRUSTEE, and INTERNATIONAL FIDELITY INSURANCE COMPANY, herein called BENEFICIARY, WITNESSETH: That Trustor hereby GRANTS to TRUSTEE, IN TRUST, WITH POWER OF SALE, all that property in the County of _____ in the State of _____, described as:

Lot _____ Block _____ Tract _____ APN _____
as per map recorded in Book, _____ Page _____ of Maps,
Official Records in the office of the County Recorder of _____ County.
Commonly known as _____

FOR THE PURPOSE OF SECURING payment to the said Beneficiary, of the monies due to and of all losses, damages, expenditures and liability suffered, sustained, made or incurred by the INTERNATIONAL FIDELITY INSURANCE COMPANY, hereinafter called the Surety or Beneficiary (and as more fully set forth and described in a certain Bail Bond Agreement, which agreement is made a part hereof by reference as though herein fully set forth) on account of, growing out of, or resulting from the execution of a certain bond on behalf of _____

_____ in the matter of _____ vs. _____

AND FOR WHICH AMOUNTS and the matter set forth in the said indemnity agreement, are security.

(Power No. _____)

IT IS AGREED AND CONDITIONED that a certificate signed by the Beneficiary at any time hereafter setting forth that the said bond has been declared forfeited or that a loss, damage, expenditures or liability has been sustained by the Surety or Beneficiary on account of the aforesaid Undertaking; the date or dates and amount or amounts of such loss, damages, expenditures and/or liability; that payment has been demanded of the party or parties on whose behalf the aforesaid Undertaking was or is about to be executed; and that such loss, damages, expenditures or determined liability has not been paid to the Beneficiary, shall be conclusive and binding on the Trustor, and shall be the warrant of the Trustee to proceed forthwith to foreclose and sell upon the security herein, and from the proceeds of sale (after deducting expenses including cost and search of evidence of title) pay to the Beneficiary the amount so certified, including interest at the highest legal rate per month from demand to date of payment and attorneys fees.

IT IS FURTHER AGREED THAT upon delivery of said Certificate to Trustee, Beneficiary may declare all sums or obligations secured hereby due and payable by delivery to Trustee of written declaration of default and demand for sale and of written notice of default and of election to cause to be sold said property, which notice Trustee shall cause to be duly filed for record.

IT IS FURTHER AGREED THAT the property which is the subject matter of this document is not used primarily for agricultural or farming purposes, pursuant to RCW 61.24.030(2).

IT SHALL BE DEEMED SUFFICIENT if proceedings to foreclose and sell the security herein are executed by any one of the above-named Trustees and it shall be deemed sufficient if a full reconveyance is executed by any one of the above-named Trustees; and said one Trustee shall be deemed to be the attorney-in-fact for the other Trustees for those purposes. The authority thus granted herein shall be deemed to be coupled with an interest and shall not be affected by the death or incompetency of any of the Trustees for whom such one Trustee shall be acting.

THE UNDERSIGNED TRUSTOR REQUESTS that a copy of any notice of default and of any notice of sale hereunder be mailed to him at his mailing address opposite his signature hereto. Failure to insert such address shall be deemed a waiver of any hereunder for a copy of such notices.

SIGNATURE OF TRUSTOR STREET AND NUMBER CITY STATE

STATE OF _____ }
COUNTY OF _____ } ss.

On _____ before me _____

(here insert name and title of the officer), personally appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument,
WITNESS my hand and official seal.

(Seal)

Signature _____