



**DISTRICT COURT OF MARYLAND**

187 Harry S. Truman Parkway, 5<sup>th</sup> Floor  
Annapolis, MD 21401

**PROFESSIONAL BONDSPERSON/AGENT INFORMATION SHEET**

**Bail Bondsperson Category**

Property Bail Bondsperson     Agent Bail Bondsperson (Property)     Surety Bail Bondsperson

**General Information**

Name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Residence Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(Area Code) (Area Code) (Area Code)

Email Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Property Bail Bondsperson**

**Inventory of real estate** of which you are the sole owner in fee simple absolute or as chattel real estate subject to ground rent (attach additional sheets if more space is needed). While the bond is in effect, the land or premises or any interest therein may not be sold, transferred, conveyed, assigned, or encumbered. Any intended change must be reported to District Court Headquarters within 30 days of the change. Any change in title without the consent of the court will invalidate the bond. Bond shall not exceed available net equity on posted property.

**A copy of the most recent tax bill for each property listed is required (please attach).**

Legal Description	City	Zone	Street Number	Street

**Note: You will not be authorized to secure real estate that has not been identified and filed with the court.**

**List all agent property bail bondspersons in your employment: (attach additional sheets if more space is needed.)**

Last Name	First Name	Middle Name	Suffix

**Agent Bail Bondsperson (Property)**

Full Legal Name of Employing Property Bail Bondsperson:

\_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Is a Power of Attorney on file with District Court Headquarters and Circuit Court RP § 4-107?

Yes     No\* (\*If No, please attach.)

**Surety Bail Bondsman**

**Power of Attorney:** List all insurance companies. Please attach an original signed qualifying power of attorney for each company.

Insurance Company Name	Registered Agent

Maryland Insurance Property and Casualty License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Affirmation**

I hereby affirm that this form contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my name will be removed from the active property bondsman listing. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please ensure you have enclosed all necessary documentation.

# Attachments \_\_\_\_\_