



DISTRICT COURT OF MARYLAND

580 Taylor Avenue, A-3
Annapolis, MD 21401

PROFESSIONAL BONDSMAN/AGENT INFORMATION SHEET

Bail Bondsman Category

Property Bail Bondsman Agent Bail Bondsman (Property) Surety Bail Bondsman

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 Bondsman

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 bondsmen in your employment: (attach additional sheets if more space is needed.)

Last Name	First Name	Middle Name	Suffix

Agent Bail Bondsman (Property)

Full Legal Name of Employing Property Bail Bondsman:

_____ (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 _____