

FIRST ARKANSAS BAIL BONDS, INC.

706 S. Main St., Suite 4
Mountain Home, AR 72653
Ph: 870-425-6094
Fax: 870-425-7730

CERTIFICATE OF SURRENDER

COMPANY CODE AA

Name of Defendant: _____
Last First Middle

Physical Description: Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Hair: _____

Eyes: _____ Sex: _____ Race: _____

SSN: _____ DLN/State: _____

Court: _____ Charges: _____

Bond Number: _____ Amount: _____

I, _____, acting in behalf of First Arkansas Bail Bonds, Inc., do
Agent Name

hereby deliver a certified copy of the bail bond and the above named defendant to the custody of

_____, I, _____
Name of Jail or P.D. Jailer's Name

STATE OF ARKANSAS, have received said defendant _____,
Defendant Name

and a certified copy of the bond and have detained him/her in my custody this _____ day of

_____, 20____, at _____ o'clock _____ M.

Agent's Signature

Jailer's Signature

This surrender is done in the behalf of First Arkansas Bail Bonds, Inc., on charges from the City of
_____, County of _____,

and the State of Arkansas.

WARRANT NUMBER: _____

NCIC NUMBER: _____