



Financial Casualty & Surety Company

3131 Eastside Street Suite# 600, Texas 77098

INDEMNITORS AGREEMENT FOR IMMIGRATION BOND

Alien _____

Date _____

Bond No. _____

Case # A _____

Bond Amount \$ _____

FCS Agent _____

Bond Premium \$ _____

Agent Tel# _____

I/we understand that in co-signing this bond for obtaining the release of _____ that I/we am responsible for him or her appearing before the Court named in said Immigration bond and/or Department of Homeland Security (DHS), Immigration and Customs (ICE) hearing office each time he or she is so ordered, also I/we understand that I/we am responsible for payment of any Court costs for non-appearance should the alien fail to appear and the bond is ordered beached. Should it become necessary to apprehend and surrender the alien to the Court, I /we understand that I/we am responsible for any and all expenses incurred as a result of such bond breach/forfeiture apprehension costs and further, if such a breach/forfeiture occurs and the alien is not surrendered to Court within the time prescribed by law or in the event that immigration officials cannot accept the alien back into custody, I/we understand that I/we am required to pay the full amount of the bond posted and any unpaid premium, including annual renewal premiums. It is further agreed that the surrendering or a self-surrender of the alien whether or not the bond has been breached does not release I/our obligation to pay the bond. Liability is joint and severable upon each of the below co-signer/s. A bond is considered forfeited and due immediately upon issuance of any bond breach notice including but not limited to an I-323 INS Notice of Immigration Bond Beached form. It is the responsibility of the undersigned to know when and where the alien is required to appear each and every time. Venue of any action on this agreement may be in Shelby County, TN. A facsimile or copy of this agreement is considered as if an original for court action.

Collateral cannot be returned until such time as the Company received written notice from the Court verifying exoneration of the bond evidenced only by an INS I-391 Cancelation of Bond form.

I/we hereby waive any and all rights I/we may have under Title 28 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I/we consent to and authorize Financial Casualty & Surety Company, and/or its Agent, to obtain any and all private or Public information and/or records concerning me/us from any party or agency, private or government (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, employment records. I/we authorize without reservation, any party or agency, private or government (local, State, Federal), contacted by Financial Casualty & Surety Company, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me/us to Financial Casualty & Surety Company, and/or its Agent.

I/we have read the above contract and fully understand it, and agree to fulfill ALL the provision therein .

Indemnitor signature

Print name

Date

Indemnitor signature

Print name

Date

Indemnitor signature

Print name

Date