

Drolet Solutions LLC/ Drolet Bail Bonds
3842 Leeds Ave.
North Charleston SC 29405

843-744-7000• EMAIL: joedroletbail@gmail.com

DATE

AGREEMENT FOR DEFENDANT: _____

Power #(S) _____

Bond Amount _____

Offense & Case # _____

Jurisdiction _____

I have read and had explained to me and understand the following terms and conditions of **Drolet Bail Bonds** who executed the above Surety Bail Bond(s) on my behalf:

1. Drolet Bail Bonds shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and as provided by law.

2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **Drolet Bail Bonds** (Joe Drolet, my bond agent), or any of his licensed associates shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):

a. If I, the principal shall depart the jurisdiction of the Court without the written consent of the Court and the surety, or its Agent.

b. If principal shall move from one address to another without notifying the surety, and/or its Agent, in writing prior to said move.

C. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond(s).

d. If principal is arrested and incarcerated for any offense other than a minor traffic violation.

e. If the principal makes any material false statements in the application.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **Drolet Bail Bonds** for any reason, and I am captured by **Drolet Bail Bonds**, and/or an associate Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to affect such return.

4. I hereby waive any and all rights I 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 consent to and authorize FCS, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (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 authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **Drolet Bail Bonds** and/or any associate Agent, to furnish any and all private and public information and records in their possession concerning me to **Drolet Bail Bonds** and/or any associate Agent.

SIGNATURE OF DEFENDANT _____
SOCIAL SECURITY NUMBER _____
PRINTED FULL LEGAL NAME _____

DEFENDANT ADDRESS: _____

SIGNATURE OF BONDSMAN _____