

Delta Bail Bonds

257 South Riverfront Blvd.
Dallas, TX 75207
(214) 526-4272

Check-In Agreement

I agree to check-in every week, UNTIL MY CASE IS TAKEN CARE OF:

_____ By **PHONE** Using Emerge (877.704.2206) beginning on _____

_____ In **PERSON** during normal business hours on _____

I further understand that if I fail to check-in as per this agreement, Delta Bail Bonds will have no choice but to assume that I do not intend to fulfill my obligations as a bonded person. They will therefore go off my bond, have me arrested and placed back in **JAIL**. A monitoring fee of \$15 a month must be paid to maintain this service.

Signed this, the _____ day of _____, 20 _____

Defendant

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KNOW MY OWN COURT DATES.

I also understand that it is my responsibility to retain an attorney before my first court date. If I fail to retain an attorney, I give Delta Bail Bonds the right to retain an attorney on my behalf. Further, if I fail to appear in court I give Delta Bail Bonds permission to retrieve credit information in an attempt to find me.

Signed this, the _____ day of _____, 20 _____

Defendant

OUTSTANDING BALANCE

I, _____, understand that there is a balance due on my account with Delta Bail Bonds. The terms of payment are _____. If I do not adhere to these terms I understand that Delta Bail Bonds has the right to revoke the bail on all of my charges.

Signed this, the _____ day of _____, 20 _____

Defendant

Delta Employee