

DEPOSITOR COPY ACIC - CACD - 5A



American Contractors Indemnity Company  
A member of HCC Surety Group  
9841 Airport Blvd., 9<sup>th</sup> Floor, Los Angeles, CA 90045

RECEIPT AND STATEMENT OF CHARGES

Received from:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Expenses (Itemized in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses.)  
\_\_\_\_\_

Was Collateral taken: (YES) (NO) if Yes:  CASH  REAL PROPERTY  OTHER \_\_\_\_\_  
Name and Address of Bail Bond Agency \_\_\_\_\_

By \_\_\_\_\_

POWER NUMBER	
DATE	
BAIL BOND CHARGES	
MISC. CHARGES	
TOTAL CHARGES	
RECEIVED ON ACCOUNT	
BALANCE	

MEMORANDUM OF BAIL BOND FURNISHED (MUST BE COMPLETED)

DEFENDANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PRINT LAST NAME FIRST INITIAL

APPEARANCE DATE \_\_\_\_\_ TIME \_\_\_\_\_ COURT \_\_\_\_\_ CITY \_\_\_\_\_  
COURT CODE

CASE NO. \_\_\_\_\_ CHARGES \_\_\_\_\_ BOND AMOUNT \$ \_\_\_\_\_

POSTED FOR \_\_\_\_\_ DATE EXECUTED \_\_\_\_\_ STATE EXECUTED \_\_\_\_\_

REWRITE BOND NO. \_\_\_\_\_ ORIGINAL AMOUNT \$ \_\_\_\_\_  
Received Copy of above receipt \_\_\_\_\_ Signature \_\_\_\_\_

ACIC-CACD-5A Rev. 6/04

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RECEIPT FOR COLLATERAL DEPOSITED

DATE \_\_\_\_\_ 20 \_\_\_\_\_ POWER NO. \_\_\_\_\_

DEPOSITOR NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

As security for the execution of this Bail Bond written in the sum of \$ \_\_\_\_\_ on behalf of defendant \_\_\_\_\_

The following described collateral \_\_\_\_\_

BY (Print Name) \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ (Signature) \_\_\_\_\_

Said Collateral is deposited as security for the payment of any sums which may become due to the Agency or AMERICAN CONTRACTORS INDEMNITY CO. by the terms of the Bail Bond Agreement executed for said Bond(s) by the said Depositor and Indemnitors, all of the terms which are made a part of this receipt by this reference.

Use of collateral or premium receipt forms other than those authorized by AMERICAN CONTRACTORS INDEMNITY CO. is prohibited. AMERICAN CONTRACTORS INDEMNITY CO. is not responsible for cash or other valuables in connection with this bond unless listed in the appropriate collateral portions of this form. Collateral will be returned only to depositor. No collateral will be returned until the Court has furnished written evidence the bond has been exonerated and this receipt is returned.

The above conditions are Understood and agreed to \_\_\_\_\_  
DEPOSITOR SIGNATURE ADDRESS

DEPOSITOR SIGNATURE ADDRESS

RECEIPT FOR RETURN OF COLLATERAL

DATE RETURNED \_\_\_\_\_, 20 \_\_\_\_\_

RETURNED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
Agent Signature Depositor Signature