Bail Bond Recovery Contract

This original, signed contract must be kept by the bail bond agency for at least 3 years and provided to the Department of Licensing when requested.

Defendant/Fugitive name _____

Last known address _____

(Area code) Phone number _____

Check one:

☐ Bail bond agent requests that bail bonds for the person named above be revoked for reasons of insecurity. RCW 10.19.160

☐ Defendant failed to appear before the court on _____ and the following bonds are forfeited:
_{Date}

Bail bond number	Amount	Case number	Date forfeited

This contract is for services between:

Bail bond agency name _____

Address _____

(Area code) Phone number _____ Agency license number _____

Bail bond agent name _____ License number _____

and Bail bond recovery agent name _____

(Area code) Phone number _____ License number _____
(If additional recovery agents, complete page 2)

Entered into this day, _____, is an agreement for the purpose of locating, apprehending, and
_{Date}

surrendering the defendant/fugitive named above in exchange for lawful consideration.

Bail bond agent signature **X**_____ Date_____

Recovery agent signature **X**_____ Date_____

The original signed copy must be kept in the bail bond agent's records.

WAC 308-19-445(5)

If more than one bail bond recovery agent is contracted to recover this defendant, list additional names here.

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____

Bail bond recovery agent name _____

(Area code) Phone number _____   License number _____

Recovery agent signature **X**_____   Date_____