

**STATEMENT OF SURRENDER FORM**

This form must be completed at the time of the surrender of a defendant by the bail bond agent with a copy provided to the defendant, pursuant to 648.4425, Florida Statutes. If a county has a separate surrender form, this form must be completed and attached to that form.

Defendant's full name: \_\_\_\_\_  
Criminal court case number: \_\_\_\_\_  
Reason for surrender: \_\_\_\_\_

Date of surrender of defendant:

Check one of the following:

- Bail Bond Agent physically surrendered defendant, or
- Defendant already in custody on other charges.

Will premium be returned to defendant?  Yes  No If no, explain: \_\_\_\_\_

Was a surrender fee charged?  Yes  No

If so, state the amount and reason for fee: \_\_\_\_\_

Charge:	Date of Bond	Amt. of Bond	Power No.
_____	____ / ____ / ____	\$ _____	_____
_____	____ / ____ / ____	\$ _____	_____
_____	____ / ____ / ____	\$ _____	_____

I DO HEREBY CERTIFY THAT I AM A LICENSED BAIL BOND AGENT PURSUANT TO CHAPTER 648, FLORIDA STATUTES. I FURTHER CERTIFY THE SURRENDER OF THE ABOVE LISTED DEFENDANT IS FOR THE REASON STATED ABOVE. I UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PURSUANT TO SECTION 837.06, FLORIDA STATUTES.

Bail Bond Agent signature \_\_\_\_\_  
Bail Bond Agent name (Printed): \_\_\_\_\_  
Bail Bond Agent license No. \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

\_\_\_\_\_  
*Receiving Officer's Signature (optional)*

Original: Attached to surrender form (if applicable)

Copy: Defendant

Copy: Agent's file for defendant