County of York, PA

Bail Bondsman Monthly Bond Status Report

*Must be completed and filed with the Clerk of Courts and District Attorney no later than the 10th day of each month

Name _____ **Phone #** _____

Physical Business Address _____

City _____ **State** _____ **Zip Code** _____ **PA Insurance Dept. License #** _____

Bail Bond Limit: $ _____ -

(Not to exceed 3X personal net assets)

Current Outstanding Bail Bond Total: $ _____ -

PERIOD OF REPORT

FROM: _____ (Month / Day / Year) **TO:** _____ (Month / Day / Year)

Affirmation:

I verify that the statements in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities, which upon conviction provides for a fine not to exceed $2,500.00 or for imprisonment for a term not to exceed one year.

Bail Bondsman Signature: _____

Name of Defendant	OTN	CP or MDJ #	Bond Amount	Date Posted	Date Released	Total
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					SHEET TOTAL:	$ -

Name of Defendant	OTN	CP or MDJ #	Bond Amount	Date Posted	Date Released	Total
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					GRAND TOTAL:	$ -