BAIL STOP INC. DEFENDANT APPLICATION

| Your Full Name_ | | | | |
|------------------|----------------------|---------------|-------------------|------------------|
| AKA Name: | | | | |
| Phone Number: | | | DOB | |
| SSN: | | Place of Bi | rth: | Race: |
| Email Address: _ | | | | |
| Address: | | | | () Own () Rent |
| City: | | State: | Zip | Code: |
| How long at this | address: | How | long have you liv | ed in NV: |
| Landlords Name: | | Phone Number: | | |
| Car Make: | Car Model: | Color: | Year: | Plates: |
| How Much is Ow | red on Vehicle: \$ _ | | _ | |
| Employer: | | | Shift | How Long |
| Address: | | | Job Title: | |
| City: | _ State: | _ Zip Code | Phone Numbe | r: |
| Attorney Name: | | Phor | ne Number: | |

REFERENCES

| 1. | Full Name: | | Relationship: | | |
|----|---------------|----------|-----------------|--|--|
| | Phone Number: | | | | |
| | Address: | | Years Known: | | |
| | City: | _ State: | _ Zip Code | | |
| | | | | | |
| 2. | Full Name: | | _ Relationship: | | |
| | Phone Number: | | | | |
| | Address: | | Years Known: | | |
| | City: | _ State: | _ Zip Code | | |
| | | | | | |
| 3. | Full Name: | | _ Relationship: | | |
| | Phone Number: | | | | |
| | Address: | | Years Known: | | |
| | City: | State: | Zip Code | | |

I have read and had explained to me and understand the following terms and conditions of Financial Casualty & Surety, Inc. (hereinafter called Financial Casualty) executing the above listed Surety Bail Bonds on my behalf: 1. Financial Casualty shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the court and Financial Casualty as provided by law. 2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to Financial Casualty and that Financial Casualty and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s): a. If I depart the jurisdiction of the court without written consent of the court and Financial Casualty or its Agent. b. If I shall

move from one address to another or change my phone number without notifying Financial Casualty and/or its Agent. c. If I commit any act, which shall constitute reasonable evidence of my intention to cause a forfeiture of, my bail bond(s). d. If I am arrested and incarcerated for any offense other that a minor traffic violation. e. If I make any material false statement in my Surety Bail Bond Application and Agreement with Financial Casualty 3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by Financial Casualty for any reason, and I am captured by Financial Casualty and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return. 4. I hereby waive any and all rights I may have under Title 29 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize Financial Casualty and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including but not limited to Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by Financial Casualty, an/or its Agent, to furnish any and all private and public information and records in their possession concerning me to Financial Casualty , and/or its Agent.

| Signature of Defendant: | Date: | | |
|--|--------|------|--|
| State Of Nevada County of Clark This instrument was acknowledged before me on this By: | day of | , 20 | |
| Signature of Notarial Officer | | | |