MIDWEST BONDING SERVICES, INC.
2826 S. School Ave. • Fayetteville, AR 72701
(479) 443-9277 • FAX (479) 444-6856

CERTIFICATE OF SURRENDER OF PRISONER BY BONDSMAN

Hold for:

STATE OF ARKANSAS

SHERIFF'S DEPARTMENT)
SS
COUNTY OF _____)

OR

POLICE DEPARTMENT)
SS
CITY OF _____)

BOND No. _____

BOND AMOUNT_____

SCHEDULED COURT DATE_____

MIDWEST BONDING SERVICES, INC. One of the sureties upon the bail bond of_____

_____**; Date of Birth** _____**SSN**_____

hereinafter called defendant, charged with _____

_____**having delivered to me a certified copy of the bail bond surrendering said defendant, and I, having thereupon taken in custody the said defendant, do hereby certify and by this** certificate acknowledge that MIDWEST BONDING SERVICES, INC has surrendered the said defendant, and that said defendant is now in my custody.

DATED _____**, 20**_____**.**

Agency where surrendered

_____ _____
SHERIFF OR CHIEF OF POLICE

_____ _____
DEPUTY SHERIFF OR JAILER