

IN THE \_\_\_\_\_ COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA  
CRIMINAL DIVISION

STATE OF FLORIDA

CASE NO.: \_\_\_\_\_

vs.

DIVISION: \_\_\_\_\_

DEFENDANT \_\_\_\_\_,  
BOND COMPANY, AND BAIL AGENT,

BOND POWER NUMBER(S):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendants.  
\_\_\_\_\_/

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR REMISSION OF FORFEITURE**

STATE OF FLORIDA                    )  
COUNTY OF HILLSBOROUGH    )

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
who being duly sworn deposes and says:

1. I have personal knowledge of the facts contained herein and attest that the following statements are true.

2. At all relevant times hereto, I am and have been a bail agent with \_\_\_\_\_.

3. I made the following efforts to substantially attempt to procure or cause the apprehension or surrender of the defendant in this case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Defendant was surrendered by \_\_\_\_\_ to the Hillsborough County Sheriff's Office on \_\_\_\_\_, 20\_\_\_\_.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK  
[Print, type, or stamp commissioned name of  
notary or deputy clerk .]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_