

**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 BOND
AGENT,**

BOND POWER NUMBER(S):

Defendants.

_____ /

**APPLICATION FOR CLERK'S DISCHARGE OF FORFEITURE
[Section 903.26(8), Florida Statutes]**

1. The bail bond agent did in fact post the following bond(s) for the above-named defendant:

| <u>Charge</u> | <u>Amount</u> | <u>Power Number</u> |
|---------------|---------------|---------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

2. The defendant failed to appear in court on _____, 20____.

3. The forfeiture should be discharged because (check all that apply):

On _____, 20____, the defendant was apprehended or surrendered in Hillsborough County. A copy of the statutory relevant admissible evidence of the defendant's apprehension or surrender is attached hereto as Exhibit "_____."

On _____, 20____, the defendant was apprehended or surrendered in _____ (county or state). The defendant posted a new bond for this case. A copy of the statutory relevant admissible evidence of the defendant's apprehension or surrender, and release on a new bond is attached as Exhibit "_____."

On _____, 20____, the defendant was apprehended or surrendered in _____ (county, state, or country), and was returned to Hillsborough County on _____, 20____. A copy of the statutory relevant admissible evidence of the defendant's

apprehension or surrender, and return to Hillsborough County is attached as Exhibit “_____.”

Costs in the amount of \$_____ to reimburse the Hillsborough County Sheriff’s Office for the expenses incurred in this matter were paid. A copy of the receipt of payment is attached as Exhibit “_____.”

4. This Application is made within sixty (60) days of the defendant’s failure to appear in court pursuant to section 903.26(8), Florida Statutes.

5. A Final Judgment has not been entered on the forfeiture in this case.

6. The statutory fee pursuant to section 938.01(1), Florida Statutes (\$3.00 per bond power forfeited) accompanies this Application.

Under penalties of perjury, I declare that the facts stated herein are true and correct.

Petitioner/Bail Bond Agent Date

Petitioner/Bail Bond Agent (print) Bail Bond Agency
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____

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 clerk.]

_____ Personally known
_____ Produced identification
Type of identification produced _____.