

**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 POWER NUMBER(S):

_____,
**BOND COMPANY, AND BAIL BOND
AGENT,**

Defendants.

_____/

APPLICATION FOR EXONERATION
[Section 903.21, Florida Statutes]

Petitioner/Attorney for Petitioner, _____, applies to this court for exoneration in accordance with the provisions of section 903.21, Florida Statutes, and as grounds therefore states the following:

1. The bail bond agent posted the following bond(s) for the above-named defendant:

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

2. The bond has not been breached.

3. The Petitioner requests exoneration because:

Pursuant to section 903.21(1) and (2), Florida Statutes, the defendant was surrendered either to Hillsborough County or to the official who had custody of the defendant at the time bail was taken, which is _____ (county). A copy of the certificate acknowledging the defendant's surrender is attached as Exhibit "_____."

Pursuant to section 903.21(3), Florida Statutes, the defendant is in jail or prison, and the surety agrees to pay transportation costs of returning the defendant to Hillsborough County within 20 days of the defendant being returned to Hillsborough County. A copy of the admissible evidence of the defendant's

confinement to _____ jail or prison is attached as Exhibit
“_____.”

4. Petitioner affirms that the certificate acknowledging the surrender of the defendant and a copy of the bond accompany this application; and

5. The Petitioner has given the State Attorney three days’ notice of the application for an order of exoneration and furnished them with a copy of the certificate and bond.

I AFFIRM THAT THE ABOVE INFORMATION IS CORRECT.

Dated: _____

Petitioner/Attorney Signature
Printed Name: _____
Florida Bar Number: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing document has been furnished by mail or through the e-filing portal by e-service to the State Attorney’s Office at service@hillsboroughsao.gov , 419 N. Pierce Street, Tampa, Florida 33602, and the Clerk’s Attorney at legalbailbonds@hillsclerk.com, Attention: Clerk’s Legal Department, P.O. Box 3360, Tampa, Florida 33601, on this the _____ day of _____, 20_____.

Petitioner/Attorney Signature