NOTIFICATION OF JUDGMENT,
COURT COST AND /OR LATE SURRENDER FEES

Insurance Commissioner
311 West Washington Street Suite 300
Indianapolis Indiana 46204-2787

Date_____

Surety Company_____

Dear Commissioner:

This shall constitute notification pursuant to I.C. 27-10-2-12 that the following judgment, Court cost and surrender fees have been assessed, ordered and not yet paid:

Cause Number: _____

Power Number: _____

Name of Defendant: _____

Name of Bail Agent: _____

Date of failure to Appear: _____

Date of Return of Defendant: _____

Judgment of Forfeiture:

	Original Bond Amount	$_____
	Late Surrender fees:	$_____
	Total Forfeiture: **(20 % of Bond)**	$_____
Assessment:	Court Cost:	$_____
	Total Due:	$_____

Above information prepared and certified by

Name of Clerk: _____

County: _____

Court: _____

Department of Insurance use only

Date Mailed: _____

Deadline for Satisfaction: _____

SEAL OF COUNTY CLERK