

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

Insurance Commissioner
311 West Washington Street Suite 103
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

Department of Insurance use only

Name of Clerk: _____

Date Mailed: _____

County: _____

Deadline for Satisfaction: _____

Court: _____

SEAL OF COUNTY CLERK