

Name: _____
Business: _____
Mailing Address: _____
City, State, and Zip Code: _____
Phone Number(s): _____

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE**

AFFIDAVIT OF PROFESSIONAL BONDSMAN

STATE OF ARIZONA)
) ss.
COUNTY OF MOHAVE)

I, _____, dba _____
[ATTACH A COPY OF CERTIFICATE OF ASSUMED BUSINESS NAME THAT HAS BEEN DULY FILED PURSUANT TO
A.R.S. §20-318(A), (B) AND (C)]

or as an agent working for _____(person),
_____(company)
[NAME OF COMPANY AND PERSON WHO HAS CERTIFICATE OF ASSUMED BUSINESS NAME ON FILE]

Being duly sworn under oath, deposes and says:

1. I am a resident of the State of Arizona;
2. I have sufficient financial net worth to satisfy reasonable obligations as a surety;
3. Agree to assume an affirmative duty to the court to remain in regular contact with any defendant released pursuant to an appearance bond on which the person is a surety.
4. I have not been convicted of a felony;
5. I have no judgments arising out of surety undertakings outstanding against me;
6. I have not within a period of two years violated any provisions of these rules or any Court Order.
7. I am currently licensed with the Arizona Department of Insurance and a copy of my license is attached.

Professional Bond Agent

Business Email

_____/_____/_____
DOB

_____/_____/_____
SSN

I declare under penalty of perjury that the foregoing is true and correct.

Executed this date: _____

Signature