



SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
DETENTION AND CORRECTIONS BUREAU

- WEST VALLEY
CDC
GHRC
ADC
OTHER

Bail Agent Request Form

DATE: _____

In order to ensure compliance with California Code of Regulations requirements posted at www.insurance.ca.gov, the following information is requested prior to the approval of an inmate visit or bond drop off.

Bail Agent Visiting Request
Bond Drop Off

Name of Bail Agency _____ Bus.Phone: _____

Agent Name (please print) _____

Are you properly licensed with the Department of Insurance? Yes__ No__

Inmate Name _____ Booking Number _____
Last First

Pursuant to Department of Insurance, title 10, Section 2079, "No bail licensee shall solicit bail except in accordance with Section2079.5 and from:

- (a) An arrestee;
(b) The arrestee's attorney
(c) An adult member of the arrestee's immediately family;
(d) Such other person as the arrestee shall specifically designate in writing. Such designation shall be signed by the arrestee before the solicitation, unless prohibited by the rules, regulations or ordinances governing the place of imprisonment. If so prohibited, it may be signed after the release of the arrested to ratify a previous oral designation made by him."

Please indicate how your agency was contacted to post bond:

The Inmate
Inmate's attorney, name _____ Phone # _____
Inmate's immediate family, name _____ Phone# _____
Other, designated in writing by inmate:
Name _____ Phone# _____

Visits or drop offs may be delayed or denied if the Sheriff's Department feels the above provision of the insurance code are being violated in any way.

I am familiar with the California Code of Regulations in respect to the execution or delivery of an undertaking of bail bond, and am in compliance with the Code regulations.

Signature _____

Failure to complete this form accurately and completely may result in delay. If questions arise, contact the Shift Supervisor.

Employee accepting form _____ Emp. # _____

ASU # 100111
Rev. 06/2011

Original to booking jacket