IN THE _____ COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA

v.

Case No.: _____

Division: _____

_____,
  Defendant

_____/

APPLICATION FOR CLERK'S DISCHARGE OF FORFEITURE
(F.S. 903.26(8))

1. I, _____, the bail bond agent, posted the following bond(s) for the above-named Defendant in this case:

   Charge: Amount: Bond Power No.:
   _____ $_____ _____
   _____ $_____ _____
   _____ $_____ _____

2. The Defendant failed to appear in court on _____, and the bond(s) described above was/were forfeited.

3. On _____, the Clerk sent the bail bond agent a Notice of Bond Forfeiture due to Defendant's failure to appear.

4. This application is made within sixty (60) days of the Notice of Bond Forfeiture pursuant to §903.26(8), *Florida Statutes*.

5. A Final Judgment has not been entered in the forfeiture in this case.

6. The forfeiture should be discharged because (check the appropriate box):

   ☐ On _____ the Defendant voluntarily appeared in court, there were no costs of transportation incurred, and the capias was recalled, withdrawn, or placed on hold.

   ☐ On _____ the Defendant was arrested or surrendered in Escambia County. The off-bond(s) and the statement of surrender showing no costs of transportation are owed is/are attached or previously have been filed with the Court.

☐ On _____ the Defendant was arrested or surrendered in _____ (county, state, or country), and was returned to Escambia County on _____. A copy of the Escambia County Sheriff's Office statement showing no costs of transportation were incurred or costs of transportation have been paid is attached.

☐ On _____ the Defendant posted a new bond in this case and I have attached or filed with the court a statement from the Sheriff's Office indicating that there are no costs of transportation owed or costs of transportation have been paid.

Under penalties of perjury, I declare that the facts stated herein are true and correct.

_____
Date

_____
Petitioner/Bail Bond Agent

Bail Bond Agent Name (typed or printed): _____

Bond Agency: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

_____
NOTARY PUBLIC or DEPUTY CLERK

_____
[Print, type, or stamp commissioned name of notary or clerk.]

☐ Personally known
☐ Produced identification (type: _____)