AFFIDAVIT OF SURETY VERIFICATION OF INCARCERATION

Defendant		Date of Birth:	
		Offense:	
Court No	_ Bond Amount:	Bond Date:	
DEFENDANT IS INC	ARCERATED IN:		
	City		
My name is		, and I am the Surety c	or Licensed Agent for the Surety
			r that the information listed at the
		• •	arcerated as detailed above. No
forfeiture of the ab	ove referenced bond has been	taken and I wish to be abs	olved of liability on the bond
according to Article	17.16 of the Texas Code of Crin	minal Procedure.	
		Affiant (Surety or Licen	sed Agent for Surety Ins.)
		appeared the above name	d affiant on in the
County of Madison,	, State of Texas.		(Date)
		Notary Public	
On		SON COUNTY SHERIFF'S D	e is in custody as detailed above.
011			
		Printed name	
		Printed name	
		Printed name	
WARRANTS DEPAR	TMENT COMPLETION ONLY:	Printed name	
	TMENT COMPLETION ONLY: Yes No	Printed name	
		Printed name	
	_ Yes No		
	_YesNo ORDER FO	Printed name DR ISSUANCE OF CAPIAS use applicable Standing Or	

specified above. The above affidavit was filed under the authority of Article 17.16 of the *Texas Code of Criminal Procedure* which provides the procedure to absolve surety of liability in the event of the Defendant's incarceration. It is therefore ORDERED, ADJUDGED and DECREED by the Court that the clerk of the Court shall forthwith issue an alias capias for the arrest of the Defendant as identified above who was released on bond for the above referenced offense.

Signed this the_____ day of _____, 20____.

PLEASE ATTACH COPY OF BONDS