

AFFIDAVIT OF SURETY VERIFICATION OF INCARCERATION

Defendant _____ Date of Birth: _____

Cause OR Warrant No. _____ Offense: _____

Court No. _____ Bond Amount: _____ Bond Date: _____

DEFENDANT IS INCARCERATED IN:

County _____ City _____ PIN: _____ State _____

By Agency _____ Agency Phone _____

My name is _____, and I am the Surety or Licensed Agent for the Surety Insurance Company for the Defendant on the bond identified above. I swear that the information listed at the top of this form is true and correct. The Defendant listed above is presently incarcerated as detailed above. No forfeiture of the above referenced bond has been taken and I wish to be absolved of liability on the bond according to Article 17.16 of the *Texas Code of Criminal Procedure*.

Affiant (Surety or Licensed Agent for Surety Ins.)

Sworn to and subscribed to before me personally appeared the above named affiant on _____ in the County of Madison, State of Texas. (Date)

Notary Public

VERIFICATION BY MADISON COUNTY SHERIFF'S DEPARTMENT

On _____ I verified that the Defendant identified above is in custody as detailed above.

Printed name

FOR WARRANTS DEPARTMENT COMPLETION ONLY:

Issue Warrant: _____ Yes _____ No

ORDER FOR ISSUANCE OF CAPIAS

(County Clerk use applicable Standing Order)

It appears to the Court, based on facts stated herein, that the Defendant named above is currently incarcerated as 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

JUDGE