

Court of Common Pleas for the State of Delaware

| COUNTY: | Statewide \Box | New Cast | le 🗆 Kent | ☐ Sussex | |
|--|-----------------------------------|----------------------|---------------------------------|--------------------------|-------------|
| | BAIL REGISTRA | TION FORM | | | |
| SECTION: 1 | | | | | |
| DESIGNATION (check one): Bail Ag | ent 🗖 Design | atod Bail Ago | nt 🗖 Busin | oss Entity | |
| | | MAYA MIYA | | ess Littly | |
| TYPE OF BAIL (check one): | only Surety | □с | ash & Surety | | |
| Individual Name: | | | | | |
| | | | | | |
| Legal Name of Firm: | If husiness full Logal | Name of husiness | on file with the Intern | nal Revenue Service (IRS | |
| All or will | | Name of business | on the with the intern | al nevertue service (ins | ') |
| Doing Business as/Trade Name(s) if applic | | | | | |
| | As r | egistered in the res | spective county's Proti | nonotary's Office | |
| Office Address: | 15860 | | | | |
| (NOTE: A Post Office Box is unacceptable.) Street Addr | ress Apt / Suite , | Other | City | State | ZIP Code™ |
| Telephone Number: () | Em | | ication Number | | |
| Area Code Number E-Mail address: | | Driver License No. | | State of Origin: | |
| L-iviali addi ess. | | | | a photocopy | |
| Name of the firm's Designated Bail Agent | | 121 (21) | | 1 | 000 |
| ATTACH A COPY OF EACH APPLICABLE LICENSE | Number | 10 | | Expiration Date | |
| Delaware Dept. of Insurance Provider License: | CO. | (9) | ANALES. | -D | |
| Delaware Dept. of Insurance Business License: | 1/13 2 | | | | |
| Delaware Division of Revenue Business License: | | | A LINEAR | 1/- | |
| City of Wilmington Business License: | 11 11 | | (AB) 100 | #1 | ha ha |
| City of Dover Business License*: | N. Sand | THE STATE OF | 1 3 120 | / [5] | |
| Town of Georgetown Business License: | CAN DELL | | 11016 | N #4 | |
| Municipality Business License: | DEST. | THE SAL | | | |
| *Denotes license expires on June 30 th . | | | | THE REAL PROPERTY. | |
| Have you ever been convicted of a felony | ? \square YES \square NO If y | es, when and | where | _ 144 F | |
| Has an Insurance or Rusiness License ever | r boon royakad su | spandad or de | oniod2 T VEC T | NO If you state | the licence |
| Has an Insurance or Business License ever type, reason where and where. | r been revoked, su | spended or de | ellied; D 163 D | NO 11 yes, state | the license |
| type, reason where and where. | - 0 [1] | | | | |
| W.C. & A. 300 | | | | | |
| | Attach additional sheets | of paper as necess | ary. | | |
| INSURANCE/ SURETY COMPANY: | | | | | |
| | | National A | Association of | | |
| Name: | | _ Insurance | Insurance Commissioners Number: | | |
| Address: | | | | | |
| | Apt / Suite / Other | City | Stat | te ZIP C | Code™ |
| Telephone Number: () | E-Mail address | • | | | |
| Area Code Number | | | | | |

I hereby acknowledge that I have been provided and read a copy of the <u>Court of Common Pleas Rules of Conduct for Bail Agents and Property Bail Agents</u> (Rules of Conduct). Furthermore, I understand that the provisions set forth in the Rules of Conduct govern my conduct as a bail bond agent before this Court, and I agree to abide by all such provisions. I further agree to notify the Court, in writing, as soon as practicable, but in no event later than ten (10)

calendar days of any changes to the information as set forth on this Bail Registration Form. Under penalty of law, I do hereby attest that all statements in the foregoing Bail Registration Form are true and correct. I am aware that if any of the foregoing statements are knowingly and willfully false, fictitious or fraudulent, I am subject to prosecution pursuant to 11 *Del. C.* § 877.

Notarized Signature

Print Name of Applicant and Title

| | Print Name of Applicant and Title | |
|--|--|---|
| SWORN to and subscribed before me on this | day of | 20 |
| Notary Public (Seal) | $\Omega M \lambda =$ | |
| Sign | gnature: | |
| M | y Commission Expires: | |
| SECTION: II – COMPLETE AS APPLICABLE | | |
| GUARANTOR TO SATISFY BAIL FORFEITURE JUDGMENTS FOR A | ABOVE LISTED BAIL AGENT/BUSINESS EN | TITY/DESIGNATED BAIL AGENT: |
| The person or entity listed below has provided the with a guarantee to pay bail forfeiture judgments a designated bail agent listed in SECTION I: | The state of the s | |
| Name: | | 1021 |
| Delaware Department of Insurance License #: | | Exp. Date: |
| Address: | | |
| Street Address Apt / Telephone Number: () | Suite / Other City E-Mail address: | State ZIP Code™ |
| Area Code Number | | |
| CERTIFICATION BY INSURANCE/SURETY COMPANY | | |
| I certify that the insurance / surety company listed business by the Delaware Department of Insurance agent is authorized to write bail bonds on behalf or insurance producer by the Delaware Department of Bail Registration Form are true and correct. I am a Bail Registration Form are knowingly and willfully for 11 Del. C. § 877. | e. The above named bail agent / I f that insurance company in Delay of Insurance. I certify that the fore ware that if any of the foregoing | business entity / designated bail ware and is licensed as an egoing statements made on this statements in SECTION II of the |
| | Notarized Signature of Corporate Office | cer |
| 1792 | Print Title | |
| | Print Name | |
| SWORN to and subscribed before me on this | day of | 20 |
| Notary Public (Seal) | | |
| | gnature: | |
| D.4. | V Commission Evnings | |

Submit original registration form along with a <u>duly authenticated original power of attorney</u> along with all other required attachments to: Bail Bond Registration, Court of Common Pleas, 500 N. King St., Ste. 2800, Wilmington, DE 19801-3754