

**STATE OF MICHIGAN
20TH CIRCUIT COURT
OTTAWA COUNTY**

BOND AGENT APPLICATION AND AFFIDAVIT

Court Address:
414 Washington Street, Suite 300 Grand Haven, MI 49417

Court Telephone No:
(616) 846-8320

Pursuant to the provision of MCL 750.167b(4), we respectfully submit _____
be added to the list of persons engaged in the business of becoming surety upon bonds for compensation in
criminal cases in the County of Ottawa.

APPLICATION

1. Applicant's Full Name: _____
2. Applicant's Date of Birth: _____
3. Applicant's Driver License: [] Michigan [] Other State _____ Number: _____
4. Agency Name: _____
5. Agency License ID Number: _____
6. Business Telephone Number: _____
7. Address for Official Communications (must be the same as the address for official communications listed on the Bonding Agency Application): _____

AFFIDAVIT

I, the undersigned applicant, being duly sworn, hereby attest that the statements made on this
"Bond Agent Application and Affidavit" are true. I shall promptly notify the court in writing of
any change of information contained in this application.

Printed Name of Applicant

Dated: _____

Signature of Applicant

Subscribed and sworn to before me on _____, _____ County, Michigan
Date

My commission expires: _____ Signature: _____
Date

Notary public, State of Michigan, County of _____