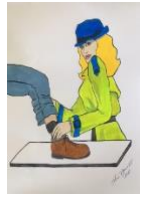




Allen Bail Bonds, LLC.

285 Lake Havasu Ave S., Suite 200, Lake Havasu City, AZ 86406
928/846-7208 * debra@alleninv.com



Device Number: _____

Install Date: _____

LEASE AGREEMENT This Lease Agreement (hereinafter "Lease," "Agreement" or "Lease Agreement"), by and between **Allen Bail Bonds, LLC**; Debra Allen, Agent and _____, **Defendant is either required to be or has agreed to be tracked by electronic monitoring equipment.** Allen Bail Bond and Defendant have agreed to the terms of this Lease Agreement.

<p>EQUIPMENT DESCRIPTION: Ankle Monitor</p> <p>Monthly payments of \$350.00 are payable on the _____ of each month.</p> <p>____ I hereby agree for my credit card to be charged the monthly fee of \$350.00 until discharged by courts.</p> <p>NOTE: Using an electronic monitoring device is a condition of your bond/release/sentencing. Failure to comply may result in your re-arrest. All payments are FINAL. There are no refunds for monitoring payments.</p>	<p>LESSEE'S RECURRING PAYMENT:</p> <p>LESSEE'S PAYMENT AT SIGNING OF THIS AGREEMENT</p> <table> <tr> <td>Monitoring Fees:</td> <td>\$320.00</td> </tr> <tr> <td>Insurance:</td> <td>\$ 30.00</td> </tr> <tr> <td>Total Monthly Monitoring Fees:</td> <td>\$350.00</td> </tr> <tr> <td>Install Fee:</td> <td>\$150.00</td> </tr> <tr> <td>Total:</td> <td>\$500.00</td> </tr> </table> <p>*Payment Terms - ** Lease Agreement Addendum</p>	Monitoring Fees:	\$320.00	Insurance:	\$ 30.00	Total Monthly Monitoring Fees:	\$350.00	Install Fee:	\$150.00	Total:	\$500.00
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Insurance:	\$ 30.00										
Total Monthly Monitoring Fees:	\$350.00										
Install Fee:	\$150.00										
Total:	\$500.00										

Terms of monitoring: TO BE WORN AND MONITORED UNTIL COURT CASE IS COMPLETED.

Bail Amount: _____ Case #: _____ Charges: _____

Bail Agency: Allen Bail Bonds, LLC Court: _____ Booking #: _____

Lessor: Allen Bail Bonds, LLC, 285 Lake Havasu Ave. S., Suite 200, Lake Havasu City, AZ 86403 * 928/846-7208

Defendant: _____ D.O.B.: _____

Soc Sec #: _____ Phone #: _____

Address: _____ City, State, ZIP _____

Indemnitor: _____ D.O.B.: _____

Soc Sec #: _____ Phone #: _____

Address: _____ City, State, ZIP _____

The Defendant _____ and/or Indemnitor _____ understands the condition(s) of his/her release, which requires wearing a monitoring device for the Bail Bond Agency and or Court for pre-trial or sentencing. The Defendant/Indemnitor is responsible for all fees incurred by Allen Bail Bonds. All fees must be paid in full on date of installation. Failure of the Defendant/Indemnitor to pay the monitoring service fees in full on the required date(s), is a breach of the terms and conditions of the bail bond release and or court order. Failure to pay the required monitoring fees can lead to your bond being revoked by Allen Bail Bonds, LLC, and the Defendant being arrested and returned to custody. **Failure to pay as noted per this agreement may also result in collections and negative impact on your credit rating.**

Defendant Signature: _____ Indemnitor Signature: _____

Lease Agreement Addendum: Allen Bail Bond, LLC requires payment in advance for each month and all billing is on the anniversary date from the installation with a proration for the 1st month. Payments will be automatically charged on the day of each anniversary date from the date of the initial activation date. Further, Defendant by wearing / utilizing any device from Allen Bail Bonds, LLC gives their expressed and or implied permission to GPS Tracking Systems to immediately charge to the Defendant's account all funds due per the terms of this lease.

Lessor's Initials

Indemnitor's Initials

Agent Initials

AUTHORIZATION TO CHARGE CREDIT CARD

(PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY BELOW)

Card Type (check one): Visa / MC / Disc / AmEx Card #: _____

Expiration Date : _____ Security Code / CVV (3 Digits / 4-Amex): _____

Cardholder Name _____

Address (billing address) _____ City/St/Zip _____

We are committed to maintaining your privacy as the Cardholder. I understand that a credit card processing fee of 3% will be charged by the credit card processing company.

Cardholder Signature: _____ Lessee’s Acknowledgement: _____
(If not cardholder)

Schedule of Fees: **YOU WILL BE CHARGED THESE FEES for services and violations.**

- \$150.00 Un-Install Fee
- \$ 25.00 Per request – if staff of Allen Bail Bonds, LLC is requested/required to wait at a detention Center/jail/station/bail agency/etc., this fee will apply.
- \$100.00 Non-compliance requiring action by Allen Bail Bonds, LLC, staff, plus \$.55 per mile
- \$3,500.00 **Tampering, disabling, or damaging this device will result in the insurance deductible being charged to the defendant and or the indemnitor. Monitor Deductible: \$3,500.00 – Charger Deductible: \$60.00**
- \$250.00 Recovery of any equipment requiring a physical response including damaging, disabling or removing device.

By signing this lease agreement, the defendant and/or Indemnitor has agreed to pay the above listed fees, service charges, and any violation fees immediately upon notification by Allen Bail Bonds, LLC. Any failure to do so constitutes breach of contract and will be reported to courts, probation officer, etc.

Violation of any of these terms below will constitute a breach of contract and will result in the defendant being remanded back into custody. I am restricted to be within the following geographical areas only:

- Defendant may not be within 500 feet of any airport.
- Defendant may not travel within 30 miles of the Mexico/Canadian border.
- Defendant must contact Allen Bail Bonds, LLC if he/she will be traveling outside of the county of dwelling.
- Defendant must a current form of communication on file with Allen Bail Bonds, LLC.
- Defendant will be given three chances to make contact for any reason before being surrendered.

CHARGING: You are required to charge the batter for 30 minutes, twice a day (morning and night. **UNINTERRUPTED. Failing to charge the device is considered a violation of this agreement.** Charging: Connect the provided cable to the device AC adapter and a red or yellow light will flash. Connect the free end of the breakaway cable to the power jack on the front of the device. A green light will remain solid once the device is fully charged. To take the charger off, pull the clips apart.

*** If at any time the device vibrates, immediately place device on the charger. IF the device continues to vibrate after being placed on the charger, immediately contact Allen Bail Bonds, LLC, Debra Allen, Agent – 928/846-7208.*

WATERPROOF: This device is waterproof. However, you should shower rather than bathe while wearing the ankle monitor. DO NOT swim or hot tub.

Lessor’s Initials

Indemnitor’s Initials

Agent Initials



ALLEN BAIL BONDS, LLC.

285 Lake Havasu Ave S., Suite 200, Lake Havasu City, AZ 86403
928/846-7208



ELECTRONIC MONITORING PROGRAM AGREEMENT

Name/DOB: _____

Unit #: _____

The following rules apply to the Global Positioning Satellite System (GPS). Failure to comply with the following conditions would constitute a violation of your supervised release and subject to possible revocation. You must initial each condition listed below:

- _____ I understand effective _____, 2018, I will be placed on GPS Electronic Monitoring as a condition of my bail agreement with Allen Bail Bonds, LLC and Debra Allen, Bail Agent.
- _____ I understand that I will not be allowed to travel outside of _____ without permission of Allen Bail. I will not travel outside of the country and not near any airports or country border towns.
- _____ I understand that I am responsible for the maintenance and security of the monitoring equipment. If the equipment is damaged or stolen due to my negligence, I will be held liable for the cost of repair or replacement of the equipment. The replacement cost for the GPS Unit is \$3,500.00.
- _____ I understand any damage to the equipment may result in formal charges being filed against me.
- _____ I will not disconnect, move, or tamper with the GPS monitoring equipment in any manner.
- _____ I will charge my GPS monitoring equipment for a minimum of 30 minutes, twice a day. (Morning and Night).
- _____ I will allow Allen Bail Bonds or an agent of Allen Bail Bonds inspection of the equipment upon request.
- _____ I understand that all movement will be tracked and stored as an official record of Allen Bail Bond but can be discoverable by court if subpoenaed.
- _____ I understand that I am prohibited from wearing the GPS monitor device in water, pools, bath tubs, and hot tubs, showers are okay as long as the device is covered with plastic.
- _____ I agree to return all monitoring equipment as instructed by Allen Bail Bonds upon our request.
- _____ I understand that in the event of an emergency, I am to contact Debra Allen, Allen Bail Bonds at (928) 846-7208 immediately.

WARNING!!!

Violations of this agreement may result in forfeiture of bail bond and arrest.

I have read, acknowledged with initials and understand what is expected of me. I agree to follow the conditions outlined above and further understand that the amount of time I remain on this program is based on my compliance with Allen Bail Bonds and/or Conditions of Release.

My signature confirms the above, as well as my receipt of the Electronic Monitoring Equipment.

Defendant Signature: _____ Print Name: _____ Date: _____

Indemnitor Signature: _____ Print Name: _____ Date: _____

EMT Signature: _____ Date: _____

Allen Bail Bonds, LLC, Debra Allen, Bail Agent

Lessor's Initials

Indemnitor's Initials

Agent Initials