

Comal County Sheriff's Office
Attorney Bond Policy

For purposes of ensuring the solvency of attorneys wishing to make bail bonds and the integrity of the bail bond system, the following rules and regulations have been created and approved by the Comal County Sheriff:

1. An attorney wishing to post an attorney bond must provide a copy of his/her **Texas Attorney Bar Card** and **Driver's License** to the Sheriff.
2. An attorney wishing to post an attorney bond must file a **Notice of Appearance** as counsel of record and provide the Sheriff with a copy or submit proof that the person has previously filed with the court in which the criminal case is pending the notice of appearance as counsel of record or will file such notice within 48 hours from the date the surety bond is processed (Affidavit of Retained Counsel). (Tex. Occupations Code 1704.163).
3. No attorney will be permitted to post bonds unless he/she shows proof of non-exempt assets in the amount of double all the bonds currently posted by that attorney in this County.
 - a. An attorney posting a bond for less than \$5,000.00 must attest to being worth at least double the amount of the bond.
 - b. An attorney posting a bond for \$5,000.00 or greater or an attorney with an aggregate bail bond liability of \$5,000.00 or greater must provide a completed **Financial Statement** to the Sheriff.
4. Once a disposition has been reached on a case, the attorney *must* provide the necessary documentation to the Sheriff's Office to clear him/her from that bond.
5. An attorney who fails to pay a bond forfeiture final judgment or who is found to have engaged in conduct prohibited under Section 1704.163, Texas Occupations Code, shall not be permitted to post bonds in this County.
6. All attorneys who post a bond in this County authorize the Sheriff's Office to perform necessary inquiries regarding any financial statement provided to this Office.
7. Any material misrepresentations contained in any document provided to the Sheriff's Office may result in a denial of an attorney's right to post bond and/or criminal penalties under Sections 32.46 and 37.10 of the Texas Penal Code or any other applicable section.

AS A TEST OF SOLVENCY AND IN ORDER TO SECURE PAYMENT OF ANY OBLIGATION INCURRED BY ME IN WRITING BAIL BONDS FOR MY CLIENTS, IT IS MY INTENTION TO PLACE ON DEPOSIT WITH THE COMAL COUNTY TREASURER'S OFFICE THE BELOW LISTED SECURITY IN THE AMOUNT INDICATED:

U.S. CURRENCY: \$ _____

CASHIER'S CHECK: \$ _____

CERTIFICATE OF DEPOSIT: \$ _____ CD No.# _____

BANK NAME AND LOCATION: _____

IT IS AGREED AND UNDERSTOOD THAT I WILL NOT ACT AS SURETY FOR DEFENDANT'S OF OTHER ATTORNEYS AND THAT I WILL ONLY ACT AS SURETY FOR THOSE PERSON THAT I ACTUALLY REPRESENT IN CRIMINAL CASES.

I HEREBY AUTHORIZE THE COMAL COUNTY SHERIFF'S DEPARTMENT TO CHECK ANY AND ALL RECORDS NECESSARY TO ASCERTAIN THE VALIDITY OF ANY OF THE STATEMENTS MADE ON THIS APPLICATION, INCLUDING A CREDIT CHECK TO DETERMINE THE DEGREE OF SOLVENCY. I HAVE READ AND DO HEREBY DECLARE THAT I WILL COMPLY FULLY WITH REGULATIONS OF THE COMAL COUNTY SHERIFF'S DEPARTMENT AND BAIL BOND ACT WHICH PERTAINS TO PERSONS LICENSED TO PRACTICE LAW.

THE UNDERSIGN CERTIFIES THAT THE INFORMATION CONTAINED IN THIS APPLICATION HAS BEEN CAREFULLY READ AND IS COMPLETE WITHOUT MATERIAL OMISSIONS, TRUE AND CORRECT.

DATE

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY OF _____

A.D., 20____, BY _____, AFFIANT.

WITNESS MY HAND AND SEAL OF OFFICE THIS THE _____ DAY OF _____

A.D., 20_____.

NOTARY PUBLIC FOR THE STATE OF TEXAS
MY COMMISSION EXPIRES: _____

PERSONAL FINANCIAL STATEMENT

TO: COMAL COUNTY SHERIFF'S DEPARTMENT, NEW BRAUNFELS, TEXAS

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (____) _____ - _____

 FOR THE PURPOSE OF INSURING SOLVENCY AND FOR CLAIMS AND DEMAND AGAINST THE
 UNDERSIGNED, THE UNDERSIGNED SUBMITS THE FOLLOWING AS A BEING TRUE AND
 ACCURATE STATEMENT OF HIS FINANCIAL CONDITION ON THE FOLLOWING DATE.

_____, 20____
 DATE

ASSETS		LIABILITIES AND NET WORTH	
CASH ON HAND & IN BANK (SCHEDULE 2)	\$	NOTES PAYABLE TO BANKS - SECURED - (SCHEDULE 2)	\$
U.S. GOVERNMENT SECURITIES		NOTES PAYABLE TO BANKS - UNSECURED-(SCHEDULE 2)	
ACCTS.,LOANS & NOTES RES. (SCHEDULE 3)		NOTES PAYABLE TO RELATIVES	
CASH SURRENDER VALUE LIFE INS. (SCHEDULE 4)		ACCTS. & NOTES PAYABLE TO OTHERS	
OTHER STOCKS & BONDS (SCHEDULE 5)		RENTS & INTEREST DUE	
REAL ESTATE (SCHEDULE 1)		TAXES DUE (SCHEDULE 1)	
AUTOMOBILES - NUMBER ()		LIEN ON REAL ESTATE (SCHEDULE 1)	
OTHER ASSETS (ITEMIZE)		OTHER LIABILITIES (ITEMIZE)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

SOURCE OF INCOME

CONTINGENT LIABILITIES

SALARY	\$	AS ENDORSER OR CO-MAKER	\$
BONUS & COMMISSION	\$	ON LEASES OR CONTRACTS	\$
DIVIDENDS & INTEREST	\$	LEGAL CLAIMS	\$
REAL ESTATE INCOME	\$	OTHER SPECIAL DEBT	\$

INSURANCE

FIRE INS. BUILDINGS	\$	PERSONAL	\$
HOUSEHOLD EFFECTS & AUTOS	\$	GENERAL PUBLIC	\$
LIABILITIES INS. AUTOMOBILES	\$	OTHER INSURANCE	\$
	\$		\$

SCHEDULE 1 - REAL ESTATE

REAL PROPERTY LIST:

REAL ESTATE EXEMPT FROM FORCE SALE:

LEGAL DESCRIPTION, VOLUME AND PAGE, ADDRESS, ORIGINAL PRICE, APPRAISED VALUE, ENCUMBRANCE, TAXES.

RESIDENTIAL HOMESTEAD:

LEGAL	VOL	PG	ADDRESS	ENCUMBRANCE	ORG PRICE	APP. VALUE

BUSINESS HOMESTEAD:

LEGAL	VOL	PG	ADDRESS	ENCUMBRANCE	ORG PRICE	APP. VALUE

NOT EXEMPT FROM FORCED SALE:

LEGAL	VOL PG	ADDRESS	ENCUMBRANCE	ORG PRICE	APP. VALUE
-------	--------	---------	-------------	-----------	------------

STATE OF TEXAS

COUNTY OF COMAL

I, _____, APPLICANT, DO HEREBY DECLARE THE INFORMATION CONTAINED IN SCHEDULES NO. 1,2,3,4 AND 5 ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(APPLICANT)

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE ____ DAY OF _____, A.D., 20____, BY _____, AFFIANT.

NOTARY PUBLIC, FOR THE STATE OF TEXAS

SCHEDULE 2 BANKING RELATIONS (A LIST OF ALL MY BANK SAVINGS & LOAN ACCOUNTS)

NAME AND LOCATION	BALANCE	ACC#	LOANS	HOW ENDORSED, GUARANTEED OR SECURE

SCHEDULE 3 ACCOUNTS, LOANS & NOTES RECEIVABLE (A LIST OF THE LARGEST AMOUNTS OWED TO ME.)

NAME AND ADDRESS OF DEBTOR	AMOUNT OWING	AGE OF DEBT	DESCRIPTION OR NATURE OF DEBT	DESCRIPTION OF SECURITY HELD	DATE PAYMENT EXPECTED

SCHEDULE 4 LIFE INSURANCE

NAME OF PERSON INSURED	NAME OF BENEFICIARY	NAME OF INS. COMPANY	TYPE OF POLICY	FACE AMOUNT OF POLICY	TOTAL LOANS AGAINST POLICY

SCHEDULE 5 OTHER STOCKS & BONDS

FACE VALUE BONDS & STOCK SHARES	DESCRIP. OF SECURITY	REGISTERED IN THE NAME OF	COST	PRESENT MARKET VALUE	INCOME REC'D LAST YEAR	IF PLEDGED STATE TO WHOM

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCIAL STATEMENT HAS BEEN CAREFULLY READ AND IS COMPLETE, (WITHOUT MATERIAL OMISSIONS) TRUE AND CORRECT.

DATE: _____ SIGNED: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY OF _____, A.D., 20____, _____ APPLICANT-AFFIANT.

WITNESS MY HAND AND SEAL OF OFFICE THIS THE _____ DAY OF _____, A.D., 20____.

 NOTARY PUBLIC FOR THE STATE OF TEXAS
 MY COMMISSION EXPIRES:_____

STATE OF TEXAS

COUNTY OF COMAL

AFFIDAVIT

I, _____, AFFIANT, AFFIRM THAT AS OF THE DATE OF THE APPLICATION, I, _____ APPLICANT, HAVE NO UNPAID FINAL JUDGMENT OF FORFEITURE AGAINST ME IN ANY COUNTY IN WHICH I HAVE WRITTEN A BAIL BOND OR IN ANY COUNTY IN WHICH I HOLD OR HAVE HELD A BAIL BOND LICENSE.

AFFIANT

BEFORE ME, NOTARY PUBLIC, ON THIS _____ DAY OF _____, A.D. 20____ PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING DOCUMENT AND, BEING BY ME FIRST DULY SWORN, DECLARED THAT THE STATEMENTS THEREIN CONTAINED ARE TRUE AND CORRECT.

SEAL

NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES: _____