

# 2025 APPLICATION FOR BONDSMAN INSTRUCTIONS NOTICE OF REQUIRED DOCUMENTS AND GENERAL INFORMATION

You are ineligible if you have an outstanding criminal judgment against you.

Failure to attach required documents will result in your application being DENIED.

- 1. Current application (Last Revision Date 9/4/2024) completely filled out, including the affidavit, signed and notarized properly.
- 2. Incomplete applications, altered application and/or late filed applications will not be considered. Applications cannot be printed on your company letterhead.
- 3. Current (within 90 days) Qualifying Power of Attorney.
- 4. Certificate of Authority relative to insurance.
- 5. Copy of a current ICHAT criminal background (obtained from www.michigan.gov/msp). A current ICHAT report means one that is not more than 5 days old at the time of submission of signed application to this Court.
- 6. Copy of individual license to engage in the business of insurance from the Office of Financial and Insurance Services of the State of Michigan.
- 7. A valid Driver's License or valid State Identification.
- 8. Any outstanding judgments or default judgments against an agency or agent with any Court, must be paid in full in order to be considered for the Wayne County Bail Bond Listing.

## **DEADLINE FOR APPLICATION: Friday October**

Application must be received via mail or dropped off to:

Third Judicial Circuit of Michigan - Criminal Division 5301 Russell Street **Court Administration Office** 

Attention: Kathryn Eckel, Detroit, MI 48226

# THE THIRD JUDICIAL CIRCUIT OF MICHIGAN 2025 Application for Bondsman

Pursuant to MCL 750.167b

All persons desiring to engage in the business of becoming surety upon bonds for compensation in criminal cases in Wayne County shall apply pursuant to the following:

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE APPLICATION. MODIFIED, INCOMPLETE AND/ OR ILLEGIBLE APPLICATIONS WILL BE REJECTED WITHOUT CONSIDERATION BY THE COURT.

l. Applican	t's full name, including first,	middle and last:	
2. Applican	t's residence address:		
City			Zip Code
. Home an	d Cell Number (include area co	de): Home	Cell
Date of b	irth (mm/dd/yyyy)		
. Email add	dress:		
. A valid D	Oriver's License/State ID No. (Attach a clear, legible copy of y	and expiration date: our Driver's License or state	r identification to this application.)
Is your lie	cense currently valid? Yes _	No	
List the a	ddress(es) where you have re	esided within the past five	e (5) years:
Name of	agency under which applican	nt is applying (complete bu.	siness name as it appears on your license):
<b>0.</b> Name of	agency owner:		
1. Applican	t's business address:		
City _		State	Zip Code

3. Collect and/or Toll-Free Numbe	ers (include Area Code):
4. Agency email address (obtain fro	om agency owner):
includes if you were self-employ	past five (5) years for which you have operated as a bondsman. Thi yed and the name under which you conducted business:
	employer(s). This includes the name of your self-employed compa
I Anothern any multiple animainal	access against year? If was you may be inclinible to be added to our
list. Please provide the following	cases against you? If yes, you may be ineligible to be added to our g information:
<u>Felony</u>	<u>Misdemeanor</u>
Court Date	Court Date
Case No.	Case No
Jurisdiction	Jurisdiction
Charge	Charge
<u>Felony</u>	Misdemeanor
Court Date	
Case No	
Jurisdiction	
Charge	
<u>Felony</u>	<b>Misdemeanor</b>
Court Date Court Date	

18. Are there any pending civil cases against you or the agency you represent? If yes, p following information:  Court Date	
Case No	
Case No	
Opposing Party Opposing Party Damages Claimed \$ Cause of Action Cause of Action Jurisdiction Court Date Court Date Case No Opposing Party Opposing Party Opposing Party Damages Claimed \$ Cause of Action Jurisdiction Cause of Action Jurisdiction In Jurisdiction If yes, p following information:    Court Involved   Case Number   Case Name   Ca	
Damages Claimed \$ Damages Claimed \$ Cause of Action Jurisdiction Jurisdiction Damages Claimed \$ Court Date Court Date Case No Opposing Party Opposing Party Damages Claimed \$ Cause of Action Jurisdiction Cause of Action Jurisdiction Jurisdiction Jurisdiction If yes, p following information:    Court Involved   Case Number   Case Name   Case Name   Cause of Action Case Name   Case Name	
Cause of Action Cause of Action  Jurisdiction Jurisdiction  Court Date Court Date	
Court Date Court Date Case No Case No Opposing Party Opposing Party Damages Claimed \$ Cause of Action Cause of Action Jurisdiction Jurisdiction Jurisdiction If yes, p following information:  Court Date Court Date Case No Case No Opposing Party Damages Claimed \$ Cause of Action Cause of Action Surjection Cause of Action Surjection If yes, p following information:  Court Involved Case Number Case Name	
Case No Case No Opposing Party Opposing Party Damages Claimed \$ Cause of Action Cause of Action Jurisdiction Jurisdiction Jurisdiction If yes, p following information:    Case No Opposing Party	
Case No Case No Opposing Party Opposing Party Damages Claimed \$ Cause of Action Cause of Action Jurisdiction Jurisdiction Jurisdiction If yes, p following information:    Case No Opposing Party	
Opposing Party Opposing Party Damages Claimed \$ Damages Claimed \$ Cause of Action Cause of Action Jurisdiction Jurisdiction  19. Do you or the agency you represent have any outstanding civil judgments? If yes, p following information:  Court Involved Case Number Case Name	
Damages Claimed \$ Damages Claimed \$ Cause of Action Cause of Action Jurisdiction Jurisdiction  19. Do you or the agency you represent have any outstanding civil judgments? If yes, p following information:  Court Involved Case Number Case Name	
Cause of Action Cause of Action Jurisdiction Jurisdiction 19. Do you or the agency you represent have any <i>outstanding civil judgments</i> ? If yes, p following information:  Court Involved Case Number Case Name	
Jurisdiction Jurisdiction  19. Do you or the agency you represent have any <i>outstanding civil judgments</i> ? If yes, p following information:    Court Involved   Case Number   Case Name	
<ul> <li>19. Do you or the agency you represent have any <u>outstanding civil judgments</u>? If yes, p following information:</li> <li><u>Court Involved</u> <u>Case Number</u> <u>Case Name</u></li> </ul>	
	\$\$ \$\$
20. Do you have <i>any</i> judgments (outstanding or satisfied) issued against you or the agency(s) you within the past five (5) years on bail bonds you have written in any Court? Yes N	ou have represented
21. If yes, name the court involved, the case name, case number and the amount. Attach a copy and, if applicable, a Satisfaction of Judgment. If more space is needed, please attach an add any bonds (2020 through the present) in which you were the surety and the defendar outstanding Failure to Appear (FTA) warrant. If more space is needed, please attach sheet.	litional sheet. List nt has an
One (1) or more unpaid outstanding FTA judgment(s) will result in you being rem Wayne County list.	<mark>ioved from the</mark>
Court Involved     Case Number     Case Name     Defendant	ut's Name

22. Do you have any conviction(s) for violation of any criminal statutes or ordinances (non-traffic violations)? Yes No		
Please attach a copy of your ICHAT criminal background search. The ICHAT printout <u>must not b</u> <u>more than 5 days old at the time of submission of the signed application</u> to this Court. Request	<u>e</u>	
ICHAT through www.michigan.gov/msp.		
23. Name and address of insurance company underwriting bail bonds you sign.		
City State Zip Code		
Minimum coverage required is \$100,000. It is the responsibility of the Bail Bond Agency to not this Court within 10 days of any change in coverage. Failure to do so will result in the Bail Bond Agency and/or person to be removed from the Third Judicial Circuit of Michigan Approved Surety Bond Company List.	-	
<b>24.</b> Attach a <i>clear</i> copy of your current occupational license as an agent. Does your individual licensing with the Department of Insurance and Financial Services have an "active" status? Yes Insurance and Financial Services have an "active" status? Yes Insurance and Financial Services have an "active" status? Yes Insurance and Financial Services have an "active" status?		
Note: Statements number 25 and 26 are to be addressed by the Business Owner only:		
25. Please include with your applications a list of all certified agents who will be listed under your company to write bonds in 2025. To delete an agent after the list has been posted, please notify thi Court in writing at the following address:  Third Judicial Circuit of Michigan  Attn: Kathryn Eckel 5301 Russell Street Detroit, MI 48226-2384	.S	
<b>26.</b> Attach Proof of Insurance for the company, including the maximum amount of coverage.		

#### **27.** Affidavit:

I, the undersigned applicant, being duly sworn state that all of my statements on this "Application for Bondsman" are true. I will at no time become obligated upon any bond in excess of the coverage of insurance established at the time of approval of my acting as a bondsman. (This includes and applies to bonds written in and outside of Wayne County, or any other jurisdiction.) I shall promptly notify the Chief Judge, in writing, of any change in my insurance status, residence agency address(es) or affiliation.

By applying to be named as an approved surety in Wayne County, Michigan, I agree that I will act as a surety on my own behalf. I further acknowledge that if I am approved to issue surety bonds in Wayne County, Michigan, I will be responsible for any judgments that arise from the surety bonds that I have issued. Finally, I agree to accept service by First Class mail of any notice or other documentation related to the forfeiture of bonds.

Date		Applicant's Signature		
Printed Name of Applicant	<u> </u>	N	ame of Agency	
Subscribed and swarn to befor	a ma a notar	ry public in and for the (	County of	
State of	•		•	
		_ My Commission Exp	ires:	

#### NOTICE OF REQUIRED DOCUMENTS

### Failure to attach a copy of the required documents will result in your application being denied.

- 1. <u>Current</u> (*Last Revision Date 9/04/2024*) <u>completely</u> filled out, including the affidavit, signed and notarized properly.
- 2. Current (within 90 days) Qualifying Power of Attorney.
- 3. Certificate of Authority relative to insurance.
- 4. Copy of ICHAT criminal background (obtained from <a href="www.michigan.gov/msp">www.michigan.gov/msp</a>) and not more than 5 days old at time of submission of signed application.
- 5. Copy of individual license to engage in the business of insurance from the Office of Financial and Insurance Services of the State of Michigan.
- 6. A valid Driver's License (not expired).

To be considered for placement on the Wayne County Bail Bondsman List for 2025, all of the above listed documents must be filed with the Third Judicial Circuit of Michigan – Criminal Division, Court Administration Office, Attention: Kathryn Eckel, 5301 Russell Street, Detroit, MI 48226 by close of business, 4:00 pm Friday, October 11, 2024.

Page **7** of **7**