

CALHOUN COUNTY COURTS

BATTLE CREEK, MICHIGAN

HONORABLE MICHAEL L. JACONETTE

*Chief Judge: Circuit, Probate & District Courts
Presiding Judge Calhoun County Probate Court*

HONORABLE JOHN A. HALLACY

*Chief Judge Pro Tempore
Presiding Judge 37th Circuit Court*

HONORABLE PAUL K. BEARDSLEE

Presiding Judge 10th District Court



KRISTEN L. GETTING

*Circuit/Probate Court Administrator/
Friend of the Court
Judicial Council Administrator*

KATHERINE K. AMBROSE

District Court Administrator

CINDY RUDE

Probate Court Manager - Register

APPLICATION FOR BONDSPERSON

All persons desiring to engage in the business of becoming surety upon bonds for compensation in criminal cases in Calhoun County shall apply pursuant to one of two applications (insurance or property). Please return the appropriate application to Circuit Court Administration by November 15th each year for the January 1st annual listing.

Updates to the list will only be made quarterly. Deadlines to submit applications for the quarterly updates are: March 15th, June 15th and September 15th. Quarterly changes require a \$35.00 processing fee in the form of a check or money order made payable to Calhoun County.

APPLICATION WITH INSURANCE

1. Applicant's full name, including first, middle and last: _____

2. Applicant's residence address: _____

3. Applicant's business address: _____

4. Social Security Number: _____
5. Date of birth: _____
6. Michigan Driver's License number: _____
7. Home/Cell number: _____
8. Business phone number: _____
9. Full name (first, middle and last) of spouse, or a statement indicating you are not married:

10. State the location (addresses) where you have resided during the last five years: _____

11. Name or names of employers during the last five years: _____

12. Name or names of your current employer(s) and the amount of income you currently receive: _____

13. State the place of and nature of any conviction(s) for violation of any criminal statute (not traffic violations): _____

14. Name and address of insurance company backing bonds you sign: _____

15. Attach a power of attorney from the insurance company to you to this application: _____

AFFIDAVIT

I, the undersigned applicant, being duly sworn, state that all my statements on the application for Bondspersons are true. I will at no time become obligated upon any bond in an amount in excess of that established by the Chief Judge at the time of his or her approval of my acting as a bondsperson. (This includes and applies to bonds written in Calhoun County as well as elsewhere). I shall promptly notify Calhoun County Circuit Court Administration in writing of any changes in my residence or business address.

 Printed Name of Application

 Signature of Applicant

 Date

NOTARY
Subscribed and sworn to before me, a notary public in and for the County of _____, State of _____
this ____ day of _____, 20 ____.
_____ Notary Public
My Commission Expires: _____