PROPERTY BAILBONDSMAN **MONTHLY OUTSTANDING BOND REPORT** Must be completed and filed with DCJS no later than the 5th day of each month. Total # of Pages:_____	**COMMONWEALTH OF VIRGINIA** ***Department of Criminal Justice Services*** **Private Security Services Section** **P.O. Box 1300, Richmond, VA 23218** ***Phone #: (804) 786-4700; Fax #: (804) 786-6344*** ***http://www.dcjs.virginia.gov/pss/special/bailbondsman.cfm***

Name: _____ DCJS ID # 99- _____
Last First MI

Employed by: _____ Phone _____

Physical Business Address: _____
Number and Street City/Town State Zip

AFFIRMATION: I, _____ being a duly licensed Property Bail Bondsman as defined in Code 9.1-185.5 do hereby certify to DCJS that the following list includes all outstanding bonds throughout the Commonwealth on which I am obligated as of the 5th day of _____ 2005 and that the total penalty of all such bonds is $ _____.

Number	Case #	Name of Court	Date Bond Issued	Name of Defendant	Pending Case Date	Amount of Bond	Date Bond Released
1.							

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Name: _____ DCJS ID # 99-_____ Page _____ of _____

Last First MI