



GPS Installation Request

Date: _____

Bail Bond Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Bail Amount: _____ Bail Amount: _____ Bail Amount: _____

Charges: _____ Charges: _____ Charges: _____

Booking Number #: _____

Location of Installation: _____

Defendant Name: _____ Soc. Sec. Number: _____

Defendant Address: _____

Phone Number: _____ Cell Number: _____

Signature: _____

Indemnitor/Co-Signer Name: _____ Soc. Sec. Number: _____

Indemnitor/Co-Signer Address: _____

Address: _____

Phone Number: _____ Cell Number: _____

Indemnitor/Co-Signer Signature: _____

Note: Pursuant to lease agreement, waiting time at jails are charged at \$25 per hour if requested by bail agency

The Defendant Indemnitor _____ / _____

Understand the condition(s) of his/her release requires wearing an electronic monitoring device with the above named Bail Bond Agency. The Defendant/Indemnitor is responsible for all fees incurred by GPS Monitoring Solutions Inc. If paying by debit or credit card you authorize GPS Monitoring Solutions Inc. to auto charge your debit/credit card on the anniversary date of the install each month for daily monitoring fees, or in the event the monitoring equipment is lost, stolen, or damaged. Being equipped with an electronic monitoring device is a condition of your bond/release / sentencing. The Defendant / Indemnitor _____, understands the condition(s) of his/her release requires wearing a monitoring device with the Bail Bond Agency and or Court for pre-trial or sentencing. The Defendant/Indemnitor is responsible for all fees incurred by GPS Monitoring Solutions Inc. All fees must be paid in full within 30 days of the initial date of installation. Failure of the Defendant/Indemnitor to pay the monitoring service fees in full and 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 the Bail Bond Agency, and the Defendant being rearrested and returned to custody. Failure to pay as noted per this agreement may also result in collections and a negative impact on your credit rating.

Credit / Debit Card Authorization by: _____ Signature: _____

Credit / Debit Card #: _____ Exp date: _____ Security Code: _____

Offender Description:

DOB: _____ Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Distinguishing Marks/Tattoos: _____

Inclusion Zone: County / Counties: _____ State: _____

Exclusion Zone: Airport: _____ Border: _____ Victim: _____