



Forsyth County SHERIFF'S OFFICE

Sheriff Ron H. Freeman

TIME IN:

TIME OUT:

TIME STAMP

BONDING RELEASE INFORMATION SHEET

Date: _____ Time: _____ Emp. Name: _____ Emp. #: _____

(Print)

INMATE: _____ DOB: _____
(Last) (First) (Middle)

(Current Address) (City) (State) (Zip)

BOND COMPANY: _____ Phone: _____

CHARGE: _____

CHARGE: _____

Principal: _____

Principal: _____

Case#: _____

Case#: _____

County Fee: \$ _____

County Fee: \$ _____

State Fee: \$ _____

State Fee: \$ _____

Bond Fee \$ _____

Bond Fee \$ _____

Total Fee \$ _____

Total Fee \$ _____

CHARGE: _____

CHARGE: _____

Principal: _____

Principal: _____

Case#: _____

Case#: _____

County Fee: \$ _____

County Fee: \$ _____

State Fee: \$ _____

State Fee: \$ _____

Bond Fee \$ _____

Bond Fee \$ _____

Total Fee \$ _____

Total Fee \$ _____

Please accept this notification of my intent to post bond for the inmate above and contact me at the number provided when the inmate is ready for release. I hereby swear/affirm that this bond was initiated by the above contact and that I have followed all applicable Forsyth County Sheriff's Office Rules/Regulations and state laws regarding this bonding process.

Bondsman: _____ Bonding Contact Number: _____