Municipal Court Clerk Report on Bail Bonds

Municipality:	County:	Month:	Year:
For information or questions	regarding the attached re	ports, please contact:	
	at		·
(Name)		(Phone)	
Please complete a separate pa	age of Report for each bo	ndsman writing bonds in said c	county during this month.
This Report has	(number) of page	ges attached.	
Please submit monthly report	Attn.: 3 400 NE	ma Insurance Department Bail Bond Division 550th Street ma City, OK 73105	

Call (405) 521-6610 or intrastate Watts 1-800-522-0071 with any questions or comments.

Municipal Court Clerk Bail Bond Report on Bonds Written

Municipality:	Month/Year:	Count	County:		Bail Bondsman:	
CASE NUMBER	NAME OF DEFENDANT	DATE OF ISSUE (mo/day/yr)	SURETY COMPANY/ PROFESSIONAL NAME	TYPE OF BOND (Cash, Surety, Property, Professional)	AMOUNT OF BOND	
INSTRUCTIONS: Complete a separate form for each bondsman. Use additional pages as needed. *The monthly total is to be inserted on the last page only for each bondsman				Sub-total per each page		
instructions. Complete a separate form for	cach contosman. Ose auditional pages as needed. The monthly total	is to be inserted on the last page only i	or each bollustilali.	Monthly Total*		