

MTAW INSURANCE COMPANY  
157 Main Street, Greenville, PA 16125  
P.O. Box 806, Greenville, PA 16125  
(800) 245-0366 | FAX (724) 588-8801 Email:  
CourtNotices@cfins.com

## CERTIFICATE OF DISCHARGE OF BOND

POWER NO. \_\_\_\_\_

BOND AMT. \$ \_\_\_\_\_

This is to certify that on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I examined the records of \_\_\_\_\_ Court/Case No. \_\_\_\_\_ and found that the bond with corresponding power number

above has been discharged of record by reason of the following disposition:  Pled Guilty  Found Guilty  
 Case Dismissed  Forfeiture Paid  Other \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Person rendering decision \_\_\_\_\_

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Title \_\_\_\_\_

By \_\_\_\_\_

Bond Amount \_\_\_\_\_  
Appearance Date \_\_\_\_\_  
Defendant \_\_\_\_\_  
Court \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Offense \_\_\_\_\_  
If rewrite, original # \_\_\_\_\_

Executing Agent \_\_\_\_\_  
Agent # \_\_\_\_\_

### TO THE CLERK OF THE COURT

Please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at:

MTAW INSURANCE COMPANY  
ATTN: BAIL SURETY  
157 Main Street, Greenville, PA 16125  
P.O. Box 806, Greenville, PA 16125

S-0007MIC MTAW Certificate of Discharge (08/24)

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