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

(AGENT'S STAMP)

AUTHORIZATION TO ARREST DEFENDANT ON BAIL BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ (BAIL AGENT) _____ (STATE LICENSE #), do hereby authorize and empower _____

as its representative and in its stead, to lawfully arrest and detain _____

_____, the defendant

named in MTAW INSURANCE COMPANY's Bail Bond No. _____, wherever he/she may be found in the UNITED STATES OF AMERICA, pursuant to any applicable laws of any sovereign state, and to hold said defendant in custody and surrender said defendant to the _____

Court, _____ City of Judicial District County of

_____, State of _____,

wherein proceedings are now pending against said defendant described in said Bail Bond.

This authorization expires on the _____ day of _____, _____.

This authorization must be accompanied by a certified copy of bail bond and, where applicable, copy of arrest warrant.

Dated this _____ day of _____, _____

at _____, _____

By _____
BAIL AGENT SIGNATURE

STATE OF _____
COUNTY OF _____ } SS.

On _____ before me _____

personally appeared _____,
personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted executed the instrument.
Witness my hand and official seal.

_____
Notary Public

My commission expires: _____