

Name: _____
 Business: _____
 Mailing Address: _____
 City, State, and Zip Code: _____
 Phone Number(s): _____
 Business Email: _____

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
 IN AND FOR THE COUNTY OF MOHAVE
 AFFIDAVIT OF PROFESSIONAL BONDSMAN**

STATE OF ARIZONA)
) ss.
 COUNTY OF MOHAVE)

I, _____, dba _____
 [ATTACH A COPY OF CERTIFICATE OF ASSUMED BUSINESS NAME THAT HAS BEEN DULY FILED PURSUANT TO A.R.S.
 §20-297] or as an agent working for _____ (person),
 _____ (company)
 [NAME OF COMPANY AND PERSON WHO HAS CERTIFICATE OF ASSUMED BUSINESS NAME ON FILE]

Being duly sworn under oath, deposes and says: (Pursuant to Arizona Rules of Criminal Procedure 7.1(h))

1. I am a resident of the State of Arizona;
2. I am licensed with the Arizona Department of Insurance under A.R.S. § 20-340.01;
3. I have sufficient financial net worth to satisfy reasonable obligations as a surety;
4. I agree to assume an affirmative duty to the court to remain in regular contact with any defendant released pursuant to appearance bond on which the person is a surety;
5. I have not been convicted of a felony, except as otherwise provided by A.R.S. § 20-340.03;
6. I have no judgments arising out of surety undertakings outstanding against me;
7. I have not within a period of two years violated any provisions of these rules or any Court Order.

The clerk or the court may revoke or withhold a professional bondsman's capacity to act as surety if the bondsman violates this rule's provisions.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Professional Bondsman _____ Date _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____

My commission expires: _____

Notary Public