

IN THE [_____] DISTRICT COURT FOR THE STATE OF MICHIGAN

ORDER DISCHARGING SURETY FROM BOND

People of the State of Michigan

VS

Defendant: _____

SSN: _____

Date of Birth: _____

District Case #: _____

Circuit Case #: _____

Bond #: _____

Bond Amount: _____

Offense: _____

Date Posted _____

AT A SESSION OF SAID COURT held in the City of _____, County of _____, State of Michigan, on this _____ day of _____, 20____.

Present: Honorable: _____

ON _____ (Date Defendant was found innocent, sentenced, surrendered, bond revoked or replaced, or case was dismissed) THE SURETY, having fully met all obligations, terms, and conditions of the bond posted by **Budget Bail Bond Agency, LLC**, as the disclosed agent(s) for **Financial Casualty and Surety, Inc.**, and the court, being fully advised in the premises, the Surety, **Financial Casualty and Surety, Inc.**, and the disclosed agent(s) of the Surety, desire to be relieved from any and all obligations of suretyship and as Surety on the above bond pursuant to **People vs. Brow (1931) 234 N.W. 117, 253 MICH 140 or, if surrendered, 765.26 MCL.**

IT IS HEREBY ORDERED THAT Financial Casualty and Surety, Inc., the Surety, and **Budget Bail Bond Agency, LLC**, its disclosed agent(s), are hereby released from any and all obligations pursuant to this bond. The Bond is hereby discharged and exonerated and all liability of the Surety and its agent(s) is completely extinguished.

IT IS FURTHER ORDERED THAT the bond(s) is/are hereby discharged and exonerated and the Power(s) of Attorney and Recognizance(s) posted by the Surety for this case is/are to be returned to the Surety forthwith along with a certified copy of this order.

DATE

JUDGE'S SIGNATURE

Court Seal

PLEASE RETURN THIS FORM TO:

Budget Bail Bond Agency
1027 Church Street
Flint, Michigan 48052-1011

Phone: 810-234-5776 Fax: 810-234-3887 Email: lossmitigation@budgetbailbondagency.com

