LEHIGH VALLEY BAIL
445 W. LINDEN STREET, 1ST FLOOR
ALLENTOWN, PA 18102
24hr/365day service – local agents

Telephone: 484-223-0269
Fax: 484-664-7302

HOLD/HARMLESS

Date:_____

State of:_____

County of:_____

Case No.:_____

Power Number:_____

I/We the undersigned understand that there is a detainer(s) currently placed against the above named defendant. I/We forgo all rights for any refunds or reimbursement of any premiums paid after the bail bond has been posted for the above mentioned defendant on the above mentioned case(s). I/We understand that the above mentioned defendant will not be released and may be transferred to the jurisdiction of the detainer.

I/We have fully read and completely understand the foregoing document.

_____ Witness

_____ Indemnitor

_____ Witness

_____ Indemnitor

_____ Witness

_____ Indemnitor

_____ Witness

_____ Indemnitor

_____ Agent

All Bail Premiums are non refundable once the bail is posted, regardless of the outcome of the case.