

_____ Clerk's Office
(County Name)

(Street Address)

(Address 2)

(City, State, Zip)

Nonprofit organizations posting bond or bail may be required to re-apply annually in any county in which they operate.

Application for Charitable Bail Organization Certificate

Texas Code of Criminal Procedure Article 17.071 defines a "charitable bail organization" as a person who accepts and uses donations from the public to deposit money with a court in the amount of a defendant's bail bond. A nonprofit corporation organized for a religious purpose and persons accepting donations with respect to a defendant who is a member of the person's family are not "charitable bail organizations".

Full Name of Organization: _____

c/o Name (if applicable): _____

Employer or ITIN Number: _____

Mailing Address: _____

Street Address

Room/Suite #

City

State

Zip Code

Phone: _____

Fax: _____

Organization email: _____

Organization website: _____

Date incorporated or formed: _____

MM/DD/YYYY

Primary Contact (officer, director, trustee, or authorized representative): _____

Phone: (If different from above) _____

Email: (If different from Above) _____

In addition to this application, please provide a copy of the following:

1. Organization's Articles of Incorporation as a 501(c)(3)
2. Affidavit designating the individuals authorized to pay bonds on behalf of the organization
3. Most recent IRS Filings, or, for new nonprofits, date the organization was incorporated as a nonprofit 501 (c)(3).
4. Government issued ID of signatory below

Not later than the 10th day of each month, your organization shall submit, to the Sheriff of _____ County, a report that includes the following information for each defendant for whom the organization paid a bail bond in the preceding calendar month.

A charitable bail organization may not pay a bail bond for a defendant at any time if the organization is considered to be out of compliance with the reporting requirements of this article.

A charitable bail organization may not accept a premium or compensation for paying a bail bond for a defendant.

By signing below, I acknowledge that I certify the information provided above is true and correct and the organization named in this application is current on all filings required by the Internal Revenue Code.

Signature (officer, director, trustee, or authorized representative)

Date

(Written Name)

(Title within organization)

Please return completed application and all required documentation either in person to the listed county clerk's address above, or by Email at: _____

Affidavit for Bond Payments on Behalf of a Non-Profit Organization

In accordance with the Code of Criminal Procedure (CCP), Chapter 17, Article 17.017 (e), I _____, as a designated and duly empowered officer of _____ (Name of Nonprofit) do hereby name and affirm the following individuals are empowered to post bond for individuals in _____ County on behalf of the organization.

Name

Signature

Date

Title within Organization

Notary Signature

Date

Notary seal (if required)



List of Individuals Eligible to Post Bond on Behalf of Named Organization

First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature
First	Middle	Last	Signature