



**COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, Virginia 23218 • Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov

Property Bail Bondsman – MONTHLY OUTSTANDING BOND REPORT (due 5th of each month)

This form must be completed and filed with DCJS no later than the 5th day of each month. Only **one** report will be accepted for each property bail bondsman and all of his agents. Monthly reports must be submitted on this form. Total Number of Pages: _____

Monthly reports may be submitted via email to bb@dcjs.virginia.gov. The reports must be in PDF, Excel, or Word Format. **Faxed reports will NOT be accepted.**

Property Bail Bondsman: _____
Last First MI

DCJS ID Number: 99-

Affirmation: I, _____ being a duly licensed Property Bail Bondsman as defined in Code § 9.1-185.5 do hereby certify to DCJS that the following list includes all outstanding bonds throughout the Commonwealth on which I and all my Agent Bail Bondsmen are obligated to as of the 5th day of _____, 20__ and that the total penalty of all such bonds is \$ _____.

List all the Agent Bail Bondsmen that are included in this report: _____
(you may attach additional sheets if necessary)

DCJS ID Number: 99-

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_____ (initial) I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information.

_____ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be cause for disciplinary action.

_____ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be forwarded to the Commonwealth's Attorney Office for criminal prosecution.

_____ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may result in criminal charges.

_____ (initial) I understand that I am responsible for maintaining full compliance with the *Virginia Code* and applicable regulations relating to Surety and Property Bail Bondsmen and Bail Enforcement Agents.

Signature of Property Bondsman: _____ Date: _____
mm/dd/yy

Name _____
Last First MI

DCJS 99- _____

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