



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

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Status Hotline
(804) 786-1132
1-877-9STATUS

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. 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.

Property Bail Bondsman: _____
Last First MI

DCJS ID Number: 99-

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

DCJS ID Number: 99-

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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 \$ _____

Number	Case #	Name of Court	Date Bond Issued	Name of Defendant	Pending Case Date	Amount of Bond	Date Bond Released
1.							

Name _____
Last First MI

DCJS 99- _____ Page 1 of

