



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

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

SPECIAL POWER OF ATTORNEY
APPOINTMENT OF AGENT

KNOW ALL PERSONS BY THESE PRESENTS, that I _____, presently residing at _____, have made, constituted, and appointed, and by these presents do hereby make, constitute, and appoint _____ of the City/County of _____, Virginia, my true and lawful attorney-in-fact ("Attorney-in-Fact") and lawful "agent" as defined in § 9.1-185 of the Virginia Code (1950), as amended, who is hereby authorized for me and in my name to do the following:

To (a) execute and deliver bail bonds on my behalf for individuals before for the state courts of the Commonwealth of Virginia, and (b) perform any other act or thing on my behalf that may be performed by an agent bail bondsman pursuant to Virginia Code (1950), as amended, in those cities and/or counties in which this Special Power of Attorney is registered. No individual bond may be executed by such Attorney-in-Fact. The aggregate amount of bail bonds that my Attorney-in-Fact may execute may not exceed \$_____.00 (If no limit, state "NO LIMIT").

FURTHER, THIS POWER OF ATTORNEY shall remain in full force and effect until revoked, suspended, or terminated by a document executed and acknowledged by me. This Power of Attorney shall be binding on me, my heirs, successors, assigns, executors, administrators, and personal representatives, and any person receiving this Power of Attorney shall be entitled to rely on the authority herein given until and unless a document expressly revoking the powers herein given is received. Notwithstanding anything herein to the contrary, this Power of Attorney shall not terminate or be affected or impaired by my disability, it being my express intention that this Power of Attorney shall survive my disability.

WITNESS my signature and seal this _____ day of _____, 20__.

_____(SEAL)

Print Name: _____

DCJS ID# _____

STATE OF VIRGINIA
CITY/COUNTY OF _____, to wit:

The foregoing Special Power of Attorney was acknowledged before me this _____ day of _____, 20__ by _____.

My commission expires: _____

Notary Public