



COMMONWEALTH OF VIRGINIA  
Department of Criminal Justice Services

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

**SPECIAL POWER OF ATTORNEY**

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**"), who is hereby authorized for me and in my name to do the following:

1. To act for and in my behalf with respect to all matters relating to the collateralization of the following property (the "**Property**") for the purpose of obtaining a property bail bondsman license with the Commonwealth of Virginia, Department of Criminal Justice Services for \_\_\_\_\_:

**Real Property:**  
Brief Legal Description \_\_\_\_\_  
Street Address: \_\_\_\_\_

**Cash:**  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Banking Institution: \_\_\_\_\_

**Certificate of Deposit:**  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Banking Institution: \_\_\_\_\_

**Other:** \_\_\_\_\_

2. To execute, acknowledge, and deliver any deed of trust, security agreement, other agreement, affidavit, certificate, instrument, and/or document that may, in the opinion of my Attorney-in-Fact, necessary or desirable in connection with such collateralization of the Property.
3. To execute and perform any other act or thing that is necessary or, in the opinion of my Attorney-in-Fact, ought to be done in connection with such collateralization of the Property.

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: \_\_\_\_\_

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