



**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](http://www.dcjs.virginia.gov/pss)

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

**Bail Bondsman – TITLE CERTIFICATE REPORT**

**IMPORTANT INFORMATION**

- This report must be completed by an insured title abstractor.
- This report is required for **each** real estate property filed with the Virginia Department of Criminal Services (DCJS) for the purposes of bail bonding.

**Applicant Information**

DCJS ID # 99-	Last Name:	First Name:	MI:
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**Legal Description of Property** *(Attach full copy of Vesting Deed)*

Current Legal Owner(s):

Tax Map #:	Parcel ID #:
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Tax Office Property Address:

Tax Assessment Year:	Land: \$	Improvements: \$	Total: \$
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Lot:	Block:	Section:	Subdivision:	Plat Book:	Page:
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**Deeds of Trust** *(Please attach a full copy of each deed of trust. )*

Grantor:

Trustee(s):

Beneficiary:

Dated:

Other (Attach full copies of all assignments, modifications, subordinations, substitute of trustees, etc):

Tenancy:(please check all that apply)	T/E <input type="checkbox"/>	J/T <input type="checkbox"/>	T/C <input type="checkbox"/>	Survivorship <input type="checkbox"/>
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Grantor:

Trustee(s):

Beneficiary:

Dated:

Other (Attach full copies of all assignments, modifications, subordinations, substitute of trustees, etc):

Tenancy:(please check all that apply)	T/E <input type="checkbox"/>	J/T <input type="checkbox"/>	T/C <input type="checkbox"/>	Survivorship <input type="checkbox"/>
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**Judgments** *(please use additional sheets if necessary)*

Plaintiff:

Attorney:

Defendant:

Address:

SS Number:

Entered:

Docketed:

Amount:

JB &amp; P/Jud. Number:

Plaintiff:

Attorney:

Defendant:

Address:

SS Number:

Entered:

Docketed:

Amount:

JB &amp; P/Jud. Number:

**IRS Notices of Tax Lien** *(Attach full copies of notices. Please use additional sheets if necessary)*

Taxpayer:

Address:

SS Number:

Date Assessed:

Type of Return:

Amount:

JB &amp; P/Jud. Number:

**Real Estate Taxes/Storm Water Taxes Due** *(Attach full copies of notices and proof of payment. Use additional sheets if necessary)*

Taxpayer:

Address:

Date Assessed:

Due Date:

Amount Due:

Last Date Paid:

Amount Paid:

**Other** *(Please use additional sheets if necessary.)***Title Abstractor** *(This section must be completed by an insured Title Abstractor)*

Name of Abstractor:

Company:

Phone Number:  
( )

Date Completed:

 Please check here if there was a problem(s) with search and attach explanation

Signature: