Municipal Court Clerk Report
on
Bail Bonds

Municipality: _____County: _____ Month: _____ Year: _____

For information or questions regarding the attached reports, please contact:

_____ at _____.
(Name) (Phone)

Please complete a separate page of Report for each bondsman writing bonds in said county during this month.

This Report has _____ (*number*) of pages attached.

Please submit monthly report to:

Oklahoma Insurance Department
Attn.: Bail Bond Division
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112-4511

Call (405) 521-6610 or intrastate Watts 1-800-522-0071 with any questions or comments.

Municipal Court Clerk Bail Bond Report on Bonds Written

Municipality: _____ Month/Year: _____ County: _____ Bail Bondsman: _____

CASE NUMBER	NAME OF DEFENDANT	DATE OF ISSUE (mo/day/yr)	SURETY COMPANY/ PROFESSIONAL NAME	TYPE OF BOND (Cash, Surety, Property, Professional)	AMOUNT OF BOND
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INSTRUCTIONS: Complete a separate form for each bondsman. Use additional pages as needed. *The monthly total is to be inserted on the last page only for each bondsman.				Sub-total per each page	
				Monthly Total*	