

**BOBBY COX BONDING L.L.C.**

3300 W. Roosevelt  
Little Rock, AR 72204  
501-661-1166

**CERTIFICATE OF SURRENDER**

COMPANY CODE \_\_\_\_\_

Name of Defendant: \_\_\_\_\_  
Last First Middle

Physical Description: Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ DLN/State: \_\_\_\_\_

Court: \_\_\_\_\_ Charges: \_\_\_\_\_

Bond Number: \_\_\_\_\_ Amount: \_\_\_\_\_

I, \_\_\_\_\_, acting in behalf of BOBBY COX BONDING, L.L.C. do hereby deliver a  
Agent Name  
certified copy of the bail bond and the above named defendant to the custody of

\_\_\_\_\_, I, \_\_\_\_\_  
Name of Jail or P.D. Jailer's Name

STATE OF ARKANSAS, have received said defendant \_\_\_\_\_  
Defendant Name

and a certified copy of the bond and have detained him/her in my custody this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Jailer's Signature

This surrender is done in the behalf of BOBBY COX BONDING, L.L.C. from the City of \_\_\_\_\_  
\_\_\_\_\_, County of \_\_\_\_\_ and the State of Arkansas.

WARRANT NUMBER: \_\_\_\_\_

NCIC NUMBER: \_\_\_\_\_