

**AARON LOWINGER BAIL BONDS, INC.**  
**P.O. BOX 8469**  
**ELKRIDGE, MARYLAND 21075**  
**(410) 799-4445**  
**Fax (410) 799-4461**

CHECK-IN AGREEMENT

I, \_\_\_\_\_, agree to check in the following manner:

Every Wednesday by phone between 10:00 Am and 3:00Pm at (410)799-4445 beginning on the first /Wednesday after you are releases

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KNOW MY OWN COURT DATES. Aaron Lowinger Bail Bonds, Inc.. will send first notices on any court dates they receive from the courts. For those dates not received, I may call Record's Department at (410-)579-8583.

I FURTHER UNDERSTAND THAT IF I FAIL TO CHECK IN AS PER THIS AGREEMENT, . Aaron Lowinger Bail Bonds, Inc WILL HAVE NO CHOICE BUT TO ASSUME THAT I DO NOT INTEND TO FULFILL MY OBLIGATIONS TO THEM AS A PERSON BEING OUT ON BOND. THEY WILL THEREFORE GO OFF MY BOND, HAVE ME ARRESTED AND PLACED BACK IN JAIL.

EXECUTED ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_,

In \_\_\_\_\_ County, \_\_\_\_\_

\_\_\_\_\_  
AGENT,  
\_\_\_\_\_

\_\_\_\_\_  
Principle/Defendant/Indemnitor

I Gave a to one of the following Principle/Defendant/Indemnitor