

**STATEWIDE BAIL BONDS, LLC**

3236 Metairie Road, Metairie, LA 70001

**Tel: (504) 838-1515**

**Fax: (504) 838-1530**

**Authorization & Release**

(Please type or print)

PARISH OF \_\_\_\_\_  
STATE OF LOUISIANA

I, \_\_\_\_\_, do hereby authorize  
Statewide Bail Bonds, LLC, its agent(s) and/or assign(s) to pay  
\_\_\_\_\_, attorney, from payment  
received in the amount of \$ \_\_\_\_\_, for services rendered to  
\_\_\_\_\_, defendant herein.

I, \_\_\_\_\_, attest and swear to the fact that  
\_\_\_\_\_, defendant herein, has authorized  
me to sign said Authorization & Release in his/her place and stead; as defendant is  
presently incarcerated and cannot physically appear.

Further, I am fully aware that said payment does not obligate nor make liable Statewide  
Bail Bonds, LLC, its agent(s) and/or assign(s), regarding any acts of negligent legal  
representation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_