



**COMMONWEALTH OF VIRGINIA  
Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, Virginia 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

**Property Bail Bondsman – MONTHLY OUTSTANDING BOND REPORT (due 5<sup>th</sup> of each month)**

This form must be completed and filed with DCJS no later than the 5<sup>th</sup> day of each month. Only **one** report will be accepted for each property bail bondsman and all of his agents. Monthly reports must be submitted on this form. Total Number of Pages: \_\_\_\_\_

Monthly reports may be submitted via email to [bb@dcjs.virginia.gov](mailto:bb@dcjs.virginia.gov). The reports must be in PDF, Excel, or Word Format. **Faxed reports will NOT be accepted.**

**Property Bail Bondsman:** \_\_\_\_\_ **DCJS ID Number: 99-**  
Last First MI

**Affirmation:** I, \_\_\_\_\_ being a duly licensed Property Bail Bondsman as defined in Code § 9.1-185.5 do hereby certify to DCJS that the following list includes all outstanding bonds throughout the Commonwealth on which I and all my Agent Bail Bondsmen are obligated to as of the 5<sup>th</sup> day of \_\_\_\_\_, 20\_\_ and that the total penalty of all such bonds is \$ \_\_\_\_\_.

**List all the Agent Bail Bondsmen that are included in this report:** \_\_\_\_\_ **DCJS ID Number: 99-**  
(you may attach additional sheets if necessary)  
\_\_\_\_\_ **DCJS ID Number: 99-**  
\_\_\_\_\_ **DCJS ID Number: 99-**

\_\_\_\_\_ (initial) I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information.

\_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be cause for disciplinary action.

\_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may be forwarded to the Commonwealth's Attorney Office for criminal prosecution.

\_\_\_\_\_ (initial) I understand that any misrepresentation, falsification or omission of pertinent information may result in criminal charges, including but not limited to feloniously forging and uttering a public document in violation of Va. Code § 18.2-168.

\_\_\_\_\_ (initial) I understand that I am responsible for maintaining full compliance with the *Virginia Code* and applicable regulations relating to Surety and Property Bail Bondsmen and Bail Enforcement Agents.

Signature of Property Bondsman: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy

Name \_\_\_\_\_ DCJS 99- \_\_\_\_\_ Page \_\_\_1\_\_\_ of \_\_\_  
Last First MI

