

Statement of Surrender Form

This form must be completed at the time of the surrender of a defendant by a bail bond agent with a copy provided to the defendant, pursuant to §648.4425, Florida Statutes. If a jail has a separate surrender form; this form must be completed and attached to that form.

Defendant's full name: James Ray Ardrey
 Criminal court case number: 18CF048547A Surrender Date: 4/9/19
 Reason for surrender: Defendant violated bond conditions by failing to notify surety of new residence

Please check one of the following:

- Bail bond agent physically surrendered defendant
- Defendant already in custody on other charges

Will premium be returned? Yes No (If no, explain below)

Was a surrender fee charged? Yes No

If yes, state the amount and reason for the fee: _____

Charge	Date of Bond	Amount of Bond	Power Number
DWLS (HTO)	10/10/18	\$2,000.00	SS-5-306978

I DO HEREBY CERTIFY THAT I AM A LICENSED AND APPOINTED BAIL BOND AGENT PURSUANT TO CHAPTER 648, FLORIDA STATUTES. I FURTHER CERTIFY THE SURRENDER OF THE ABOVE LISTED DEFENDANT IS FOR THE REASON STATED ABOVE. I UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PURSUANT TO §837.06, FLORIDA STATUTES.

Bail Bond Agent Signature: Ashley Burdick
 Bail Bond Agent Printed Name: Ashley Burdick
 Bail Bond Agent License Number: P156013
 Bail Bond Agency Name: 1st Way Out Bail Bonds
 Bail Bond Agency Address: 710 W. King St., Suite 109
Cocoa, FL 32922
(321)639-0171

 Signature of Receiving Officer (if applicable)

Original: Attach to jail surrender form (if applicable)
 Copy: Defendant
 Copy: Bail bond agent's file