

**JACKSON COUNTY COURTS**  
**4<sup>th</sup> Circuit -12<sup>th</sup> District Court**  
312 South Jackson Street  
Jackson, Michigan 49201  
<https://www.mijackson.org/257/County-Courts>

Chief Judge - Circuit Court  
Court  
Susan B. Jordan

Circuit Judges  
John G. McBain  
Thomas D. Wilson  
Diane M. Rappleye  
Richard N. LaFlamme

Chief Judge - District

Daniel A. Goostrey

District Judges  
Michael J. Klaeren  
Allison L. Bates  
Robert K. Gaecke Jr.

**BONDSMEN INSURANCE APPLICATIONS**

As required by MCL 750.167b(4), the Chief Judge of the Circuit Court annually compiles and maintains a list of persons engaged in the business of becoming surety upon bonds for compensation in criminal cases. Approved applications received after the annual compilation will be added to the list quarterly.

Persons desiring to engage in the business of becoming surety upon bonds must apply using one of the two alternatives: Either answering a comprehensive inquiry into the applicant's property, debts, encumbrances, judgments, etc. OR, a less comprehensive procedure whereby the bondsperson is backed by insurance. (See MCLA 765.20.) The Court requires the following information when application is made to be admitted to the list of approved bondsmen for the County of Jackson, Circuit Court:

**\*IF YOU SUBMIT OUTDATED OR SELF-MADE FORMS, YOUR APPLICATION WILL BE RETURNED\* ONLY JACKSON COUNTY FORMS/APPLICATIONS WILL BE ACCEPTED\*** for the most current forms please visit, <https://www.mijackson.org/1588/Forms>

**Companies applying under the Property Alternative PLEASE USE THE PROPERTY APPLICATION.**

Page 1, the Company Summary Application Page must be submitted by each company. The information on this sheet determines how the firm is listed on the final bondsmen list.

Each company must supply phone number(s), fax number(s), e-mail address and physical address

**Companies applying under the Insurance Alternative must submit the following information:**

1.  2024 Company Summary Application Page
2.  Affidavit (Form A) and Insurance Application
3.  A current copy of the Power of Attorney from insurance company to the applicant.
4.  A current copy of applicant's license certification from the Department of Licensing and Regulation
5.  A current copy of the insurance company's Certificate of Authority from the State of Michigan.
6.  A Power of Attorney authorizing the company's agents to post bonds in the company's name. This should include a statement that their agents have no felony record.

**Agents of firms using the insurance alternative must supply the following:**

1.  Copy of **current** license certification.
2.  Copy of issuing States Driver's License
3.  Power of attorney from bonding company.
4.  Completed Insurance application

Companies submitting multiple names/bond companies will be required to submit supporting documentation that each company follows all the legal formalities of the recognized business organization in Michigan. This may involve a request to show that separate tax forms are being filed for each bond company.

**Annual Renewal:** If no information has changed from the current year or if only minor changes are made, the Annual Renewal and Change Form [Form B] may be submitted by each firm, thus negating the need to submit the whole application packet for the coming year. This form may also be used for making minor changes to the listing, such as adding, deleting agents or changing the authorized amount for an agent. Proper paperwork must also be included for these changes.

An alphabetized bondsmen list will be issued after January 1st of each year. **\*PLEASE NOTE:** Jackson County does not allow symbols as part of the bond company name. Companies qualifying for the list and having a symbol as part of their name will have the symbol dropped and will be alphabetized consistent with The Gregg Reference Manual.

All information for the bondsmen's list must be hand-delivered or postmarked to the Court Administration Office prior to the stated deadline set by said office. Annual (**December 20, 2024**) and Quarterly (**March 22, 2024, June 21, 2024 and September 20, 2024**). Any submission received after the deadline will appear in the following update.

The Court Administration Office circulates the list to all local Courts and the appropriate law enforcement agencies. This policy was revised December 2023.

Susan B. Jordan  
Chief Circuit Court Judge - Circuit Court

# JACKSON COUNTY BONDSMEN INSURANCE APPLICATION

## COMPANY SUMMARY

COMPANY NAME:

\_\_\_\_\_

COMPANY ISSUANCE LIMIT:

\_\_\_\_\_

COMPANY ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

COMPANY INFO:

Direct:

\_\_\_\_\_

Toll Free/800:

\_\_\_\_\_

Fax:

\_\_\_\_\_

Website:

\_\_\_\_\_

COMPANY E-MAIL ADDRESS(S):

\_\_\_\_\_

ALPHABETIZED AGENTS' NAME & BOND LIMIT(S):

(Please print clearly and include **FIRST, LAST & MIDDLE . INT**)

\$250,000

\$500,000

\$1,000,000

OTHER

\_\_\_\_\_




\$ \_\_\_\_\_

\_\_\_\_\_




\$ \_\_\_\_\_

\_\_\_\_\_




\$ \_\_\_\_\_

\_\_\_\_\_




\$ \_\_\_\_\_

\_\_\_\_\_




\$ \_\_\_\_\_

\_\_\_\_\_




\$ \_\_\_\_\_

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			

**INSURANCE APPLICATION** - signed and notarized ...

1. Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_

2. Any other name(s) or maiden name used now or  
 previously: \_\_\_\_\_

3. Michigan Driver's License: \_\_\_\_\_ Expiration  
 Date: \_\_\_\_\_

4. Business Address:

\_\_\_\_\_

\_\_\_\_\_ Telephone

No.: \_\_\_\_\_

5. Residential Address:

\_\_\_\_\_

\_\_\_\_\_ Telephone

No.: \_\_\_\_\_

6. A statement that the applicant has not been convicted of a felony or misdemeanor in the last 10 years, if the applicant has been convicted attach all information pertinent to any of these convictions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Name, physical address and phone number of the insurance company backing bonds signed by the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTARY** - must be completed and notarized at time application is submitted for review & approval.

\_\_\_\_\_

DATE:

\_\_\_\_\_

SIGNATURE OF APPLICANT:

\_\_\_\_\_  
PRINTED NAME:

Subscribed and sworn to before me, a notary public in and for the County of

\_\_\_\_\_

State of Michigan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC:

MY COMMISSION EXPIRES:

**FORM A**

**INSURANCE AFFIDAVIT**

(to be signed by each applicant and notary)

**APPLICANT'S NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**COMPANY PHONE #:** \_\_\_\_\_

- A. I shall promptly notify the Chief Judge by certified mail of any change in my residence or business addresses.
- B. I understand that a current affidavit containing the above information must be filed with the Circuit Court Administration Office on or before December 30, of the current year by persons wishing to remain on the list of approved bondsmen.
- C. I understand that agents of an approved bondsman are authorized to sign recognizance under a power of attorney when said document includes the provision that power of attorney is authorized to write bonds for a sum not to exceed \$\_\_\_\_\_. Until the bondsman delivers to the Chief Judge a new qualifying power establishing a higher limit.
- D. The undersigned agrees to timely pay any said forfeiture. If they do not they will be removed from the approved Bondsmen List.

\_\_\_\_\_

DATE:

\_\_\_\_\_  
SIGNATURE OF APPLICANT:

\_\_\_\_\_  
PRINTED NAME:

Subscribed and sworn to before me, a notary public in and for the County of

\_\_\_\_\_  
State of Michigan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC:

MY COMMISSION EXPIRES: \_\_\_\_\_

**FORM B**

**ANNUAL RENEWAL OR CHANGE OF STATUS FORM**

(to be signed by applicant and notary)

This form may be used by applicants who are making no changes or only minor changes to their application. If major changes are required, it will be necessary to submit a new application form.

COMPANY NAME: \_\_\_\_\_

COMPANY ISSUANCE LIMIT:  
\_\_\_\_\_

COMPANY ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY PHONE NO.(S):      Direct:  
\_\_\_\_\_

                                         Toll Free/800:  
\_\_\_\_\_

                                         Fax:  
\_\_\_\_\_

                                         Website:  
\_\_\_\_\_

COMPANY E-MAIL ADDRESS(S):  
\_\_\_\_\_

ALPHABETIZED AGENTS' NAME & BOND LIMIT(S): (Please print clearly and include <b>FIRST, LAST &amp; MIDDLE. INT</b> )	\$250,000	\$500,000	\$1,000,000	OTHER
_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____ \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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\$ _____			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____			

**FORM B** (continued)

The previous statement submitted in \_\_\_\_\_ is still correct and no significant changes have been made.

The changes listed above or on the attached sheet have been made to my \_\_\_\_\_ application.

\_\_\_\_\_

DATE:

\_\_\_\_\_

SIGNATURE OF APPLICANT:

\_\_\_\_\_

PRINTED NAME:

Subscribed and sworn to before me, a notary public in and for the County of

\_\_\_\_\_

State of Michigan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC:

MY COMMISSION EXPIRES:

\_\_\_\_\_