



AFFIDAVIT FOR BAIL

- SUPREME COURT
 SUPERIOR COURT
 FAMILY COURT
 DISTRICT COURT
 Providence/Bristol County
 Kent County
 Washington County
 Newport County

1. State of Rhode Island vs.	2. Case Number
3. Name of person posting property _____ Address _____ This property is recorded in the name(s) of _____ _____ Property is located at _____ Property is recorded as Plat Number _____ Lot Number _____	

- Check "YES" or "NO" for each of the statements below:
- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your title to this property ever been questioned or disputed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there an agreement or contract outstanding for purchase of this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any taxes overdue on this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any mortgages, loans, liens, or other encumbrances recorded or unrecorded on this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is bail pledged against this property on any other case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a suit pending judgment against this property? | <input type="checkbox"/> | <input type="checkbox"/> |

4. If you answered "YES" to any of the above questions, specify the claims below:	
Type of claim and/or claimant	Amount of claim
_____	\$ _____
_____	\$ _____
_____	\$ _____
1. Total of claims	\$ _____
2. This property is assessed by the city/town tax assessor at	\$ _____
3. Total of claims (enter item 1)	\$ _____
4. Available value (subtract item 3 from item 2)	\$ _____

I swear that I am over the age of eighteen (18) years and am the owner of the property identified above and that all of the above statements are true.

I understand that a lien will be placed on this property as surety for bail in the above-numbered case before the court indicated. As required by law I will not transfer or further encumber this property, within thirty (30) days of the date of acceptance of this surety by the court, unless a release of this lien is executed before that time.

_____ Signature of Person Posting Surety Bail	_____ Date
_____ Notary Public (Signature)	_____ Date
_____ Notary Public (Print)	My Commission Expires: _____ Notary Identification Number: _____

To be filled in by the Assistant Attorney General or Court Clerk
 Bail Amount \$ _____ Recording Fee \$ _____ Approved by _____

Copy 1 – Court file Copy 2 – Individual Copy 3 – Office of the Attorney General