Exempt From VRA Certif.

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

☐ STATE OF ALASKA)
☐)
)
Plaintiff,)
)
vs.)
)
) CASE NO._____CR
Defendant.)
DOB: _____) UNSECURED APPEARANCE BOND

APSIN: _____ ATN: _____ DL/ID: _____ ST: _____ Comm. Lic. ☐

I acknowledge that my personal representatives and I owe $ _____ to the State of Alaska. The conditions of this bond are:

1. I must appear and answer the charge(s) in this action in whatever court it may be prosecuted;
2. I must at all times follow all orders and directions of the court;
3. I must not leave Alaska or _____ without first getting the court's written permission;
4. If I am convicted, I must appear for sentencing and comply with the judgment entered against me, including service of any jail sentence; and
5. If an appeal is taken from any judgment or order, I must comply with all orders, judgments and opinions of the appellate courts.

I understand that if I comply with the above conditions, this bond will be void. I further understand that if I fail to comply with the above conditions, the court may enter a judgment against me for the amount stated, plus costs and interest. A writ of execution may be issued against my property to satisfy the judgment.

I submit myself to the jurisdiction of the court and irrevocably appoint the clerk of court as my agent upon whom papers affecting my liability on this bond may be served. [Civil Rule 80(f)] This is a continuing bond. The clerk will attempt to notify me, but it is my responsibility to keep the clerk notified of my current address.

_____ _____
Date Defendant's Signature

Offense Charged: _____
Mailing Address City State ZIP

_____ _____
Home Phone Work Phone

_____ _____
Place of Employment

ACKNOWLEDGMENT

On _____, 20___, the defendant named above personally appeared before me in _____, Alaska and acknowledged that this bond was signed freely and voluntarily for the purposes stated therein.

(SEAL) _____
Clerk of Court, Notary Public or other person authorized to administer oaths.
My commission expires: _____