



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

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Status Hotline  
(804) 786-1132  
1-877-9STATUS

**Bail Bondsman – RECOVERY AUTHORIZATION FORM**

**IMPORTANT INFORMATION**

- Please attach a copy of all of the relevant recognizance corresponding with this individual and the case(s) listed below.
- Pursuant to the Regulations Relating to Property and Surety Bail Bondsmen 6VAC20-250-270.A. *“During the recovery of a bailee, a bail bondsman shall have a copy of the relevant recognizance for the bailee. In the event a bail bondsman is recovering the bailee of another bondsman, he shall also have written authorization from the bailee’s bondsman obtained prior to affecting the capture.”*
- Pursuant to the Regulations Relating to Property and Surety Bail Bondsmen 6VAC20-250-270.C. *“Absent exigent circumstances, a bail bondsman shall give prior notification of at least 24 hours to local law enforcement or state police of the intent to apprehend a bailee. In all cases, a bail bondsman shall inform local law enforcement within 30 minutes of capturing a bailee.”*

**Recovery Agreement**

I \_\_\_\_\_ DCJS ID Number 99- \_\_\_\_\_  
Bail Bondsman

owner of \_\_\_\_\_  
Business Name

authorize \_\_\_\_\_ DCJS ID Number 99- \_\_\_\_\_ to  
Bail Bondsman or Bail Enforcement Agent

represent me and act on my behalf in accordance with §19.2-149 of the *Code of Virginia* in the apprehension of  
 \_\_\_\_\_  
Bailee

Said Bailee Failed to comply with his conditions of release on the following cases:

Charges	Jurisdiction	Case Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_. Should you have  
Begin Date End Date

any questions or concerns please feel free to contact me at \_\_\_\_\_.  
Phone Number

Bail Bondsman: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature mm/dd/yy

Recovering Individual: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Licensed Bail Bondsman or Bail Enforcement Agent mm/dd/yy