MIKE'S FAMILY BAIL BONDS

WEEKLY SMS CHECK-IN & LOCATION CONSENT AGREEMENT

As a condition of my release on bail through Mike's Family Bail Bonds ("the Agency"), and in addition to the terms of my Bail Bond Agreement / Indemnity Agreement, I agree to the following:

1. SMS Check-In Program & Contact Information

- I will provide the Agency with an active mobile phone number capable of receiving SMS text messages and will notify the Agency promptly if that number changes.
- I understand the Agency will send me a text message each week containing a secure, one-time link to complete my required check-in, and I consent to receive these text messages for the full duration of my bond.

2. Weekly Check-In Requirement

- I will complete my check-in by clicking the link sent to me via text message and following the prompts, at least once per week, within the check-in window assigned to me by the Agency.
- I understand that a missed or late check-in may be reported to the Agency and may be treated as a violation of my bond conditions.

3. Location Sharing Consent

- I consent to the check-in webpage collecting my device's GPS location at the time I complete each check-in.
- I understand this location data is collected only when I actively complete a check-in through the link provided, is stored by the Agency, and is used solely to verify my compliance with bond conditions.
- I understand that if I disable location services, refuse a location prompt, or otherwise prevent location capture, my check-in may be recorded as incomplete.
- I understand my check-in and location data will be visible to Agency staff through their internal monitoring dashboard.

4. Duration

These obligations remain in effect from the date of my release until my bond is exonerated by the Court, or until the Agency notifies me in writing that this requirement has ended.

5. Consequences of Non-Compliance

I understand that failing to provide a working phone number, failing to complete required weekly check-ins, or refusing to provide location data as described above may be considered a breach of my bond conditions and may result in the Agency taking further action, including surrender to custody, as permitted under my Bail Bond Agreement and applicable law.

6. Acknowledgment

I have read this agreement, understand it, and voluntarily agree to its terms. I acknowledge I received this document as part of my bail bond application and that a copy is available to me upon request.

Defendant Signature Date

Defendant Name (Printed)

Agency Representative Signature Date