

RELEASE ORDER

7-16-14 USB

R

ACCUSED: Youseffi, Parviz  
NAME (LAST, FIRST, MIDDLE)

ADDRESS: [REDACTED]

SSN: [REDACTED] DOB: 12/01/1942

Jurisdiction: Prince William

- GENERAL DISTRICT (TRAFFIC)
- GENERAL DISTRICT (CRIMINAL)
- GENERAL DISTRICT (CIVIL)
- J&DR DISTRICT COURT
- CIRCUIT COURT

CHARGE(S):

Offense Tracking Number	Virginia Crime Code (For Administrative Use Only)	Code Section	Case Number
153JM1400016988	RAP-1121-F9 AGGRAVATED SEXUAL BATTERY: VICTIM <13 YRS	18.2-67.3	153JA0752280100

Addendum listing additional charges is attached and incorporated.

TO THE SHERIFF, JAIL OFFICER OR CORRECTIONAL OFFICER:  
You are ordered to RELEASE the accused on the above charge(s).

RECEIVED  
MAY 08 2014

05/07/2014 03:24 PM  
DATE AND TIME

*[Signature]*

BY: \_\_\_\_\_

MAGISTRATE  CLERK  JUDGE

J. A. Christie

Released \_\_\_\_\_ AM/PM By \_\_\_\_\_  
DATE AND TIME

RELEASE ORDER



CBR 153JM1400017356

B

RECOGNIZANCE

Va. Code §§ 9.1-185, 9.1-185.8, 19.2-123, 19.2-143, 19.2-258

Jul 16, 2014 09:00 AM

HEARING DATE AND TIME

Prince William J & DR  
COURT - CITY OR COUNTY

9311 Lee Avenue, 1st Floor, Manassas, VA 20110  
COURT - STREET ADDRESS

[x] Commonwealth of Virginia v. Youseffi, Parviz  
DEFENDANT - NAME (LAST, FIRST, MIDDLE)

[ ]

DEFENDANT - RESIDENTIAL ADDRESS AND TELEPHONE NUMBER

Mailing address: [x] Same as above OR [ ]

I certify that this document contains my current mailing address.

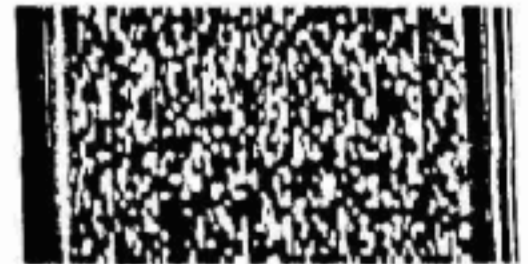
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[ ] Addendum listing additional charges is attached and incorporated.

I, THE DEFENDANT, as a condition of my release from custody, by signing this form, promise to appear in court on the date and time noted above. If this date, time or place is changed for any reason by any court or judge, I also promise to appear as so directed. I understand that I [ ] may [x] may not leave the Commonwealth of Virginia until my case, and any appeals in my case, are finished. I further agree to keep the peace and be of good behavior and agree to the conditions listed below.  
BOND SET BY COURT

PER COURT AVOID ALL CONTACT WITH JUVENILES EXCEPT W/GRANDCHILDREN AND MUST BE SUPERVISED



I, THE DEFENDANT, UNDERSTAND THAT: (1) If I fail to obey the conditions, I may be ARRESTED and, bail may be revoked; (2) if I fail to appear, the court may try and convict me in my absence; (3) if I fail to appear in the Circuit Court on a misdemeanor charge, I give up my right to a jury trial; (4) failure to appear is a separate crime; (5) I must promptly notify the court of any change in my mailing address or where I live while this case is pending.

SIGNATURE OF DEFENDANT

05/07/2014  
DATE

Commonwealth of Virginia

v.

Youseffi Parviz

DEFENDANT - NAME (LAST, FIRST, MIDDLE)

[ ]

**BOND AS CONDITION OF RECOGNIZANCE:** By signing this bond, the defendant and each person signing as surety agree that they and their heirs and assigns owe the sum of \$ \$5,000.00 to the county or city in which the case is prosecuted.

This debt is: [ ] UNSECURED  SECURED BY [ ] Cash  Surety Bail Bondsman [ ] Property Bail Bondsman [ ] Other Solvent Surety(ies) whose ability to pay this debt is measured by the value of real or personal property which they own and who further swear or affirm that the value of such property (after subtracting debts that are liens against the property such as mortgages, unpaid judgments, and unpaid tax liens) equals or exceeds the amount of this bond. Each person who signs this bond agrees to the bond terms and any attached applicable terms are incorporated by reference.

The defendant and each person who signs the bond as a surety give up any homestead exemption as to the debt of this bond and understand that the court may force the sale of ANY property owned by the defendant or any surety to pay the debt if the defendant fails to obey all of the terms and conditions of the recognizance. Each person who signs this bond promises to keep the title and possession of all property used to measure the ability to pay the debt of this bond in his or her name and not use such property as collateral for any loan or debt to allow liens against such property which would prevent the payment of the debt of the bond. The terms and conditions of the recognizance are incorporated by reference, and each person who signs the form agrees to obey all of the terms and conditions on both sides of this form. If the defendant obeys all of the conditions listed in the recognizance, the debt of this bond is void. If the defendant fails to obey the condition of appearance of the recognizance, the people who signed the bond may be required to pay the amount of the bond.

[Signature] (SEAL)  
DEFENDANT

**BAIL BONDSMAN INFORMATION**

Rivera, Jose  
NAME OF BAIL BONDSMAN

[Signature] (SEAL)  
SIGNATURE OF BAIL BONDSMAN

99-294111

**Chances Bail Bonds**

17321 Jefferson Davis Hwy # 301  
Dumfries VA 22026  
7703-441-6999

**CT Corporation**

4701 Cox Rd  
Suite 301  
Glen Allen VA 23060

TELEPHONE NO. OF BAIL BONDSMAN/BONDING COMPANY

TELEPHONE NO. OF REGISTERED AGENT

**OTHER SURETY(IES) INFORMATION**

NAME OF SURETY

SIGNATURE OF SURETY (SEAL)

ADDRESS

TELEPHONE NO.

NAME OF SURETY

SIGNATURE OF SURETY (SEAL)

ADDRESS

TELEPHONE NO.

( [ ] check if applicable ) The defendant is released into the custody of the person/organization named below upon completion of this part: By signing this part, the custodian named below agrees to take custody of the defendant and see that the defendant obeys the conditions listed above. If the defendant disappears or does not obey every condition, the custodian promises to notify the court at once.

CUSTODIAN - NAME AND ADDRESS

SIGNATURE OF CUSTODIAN

**RIGHT TO APPEAL:**

You have the right to appeal the amount of this bond. You also have the right to appeal any condition of release. If you want to appeal, contact a lawyer or the court listed on the other side of this form.

**ADMITTANCE TO BAIL:** After I explained the conditions and warnings contained in this document, the defendant and each person signing as surety swore or affirmed to fulfill the recognizance and, if any, the bond. I order the defendant released on the conditions listed in this document.

[ ] CLERK  MAGISTRATE [ ] JUDGE J. A. Christie

JURISDICTION (IF DIFFERENT FROM COURT)

05/07/2014 03:24 PM  
DATE AND TIME



3214 Chicago Drive, Hudsonville, MI 49426  
Phone: 616-662-3900 Fax: 616-662-4460

POWER NUMBER 005-10169785

MAXIMUM AMOUNT \*\*\$5,000.00\*\*

**POWER OF ATTORNEY**

EXPIRATION DATE Aug-31-2014

KNOW ALL MEN BY THESE PRESENTS that Universal Fire & Casualty Insurance Company, a corporation duly organized and existing under the laws of the State of Indiana, does hereby constitute and appoint the below named executing Agent its true and lawful Attorney-in-Fact in its name, place and stead, to execute, seal and deliver on its behalf, a surety bail bond the below named Defendant. In witness whereof, Universal Fire & Casualty Insurance Company has caused this instrument to be signed and sealed by its duly authorized officer.

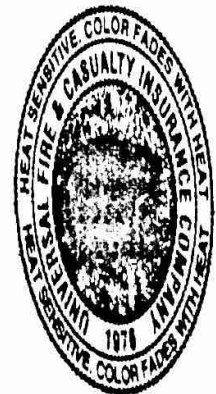
This Power of Attorney is for use with Bail Bonds for State, County and Municipal Courts only (not valid in Federal Court) and not to exceed the above stated amount. This Power must be filed with the bond as a permanent court record to obligate the surety, for court appearance only, of the name Defendant. This Power shall not obligate the surety for Defendant's future lawful conduct, court imposed conditions, restrictions or fines, costs, restitution or any other circumstances not specifically related to court appearance. This Power is void if its original format has been altered, if it exceeds the maximum amount listed, is used with other Universal Powers to cover one bond amount, or is used by an individual who is not authorized to execute surety bail bonds on behalf of Universal Fire & Casualty Insurance Company.

BOND AMOUNT \$ 5,000 DATE MAY 7th 2014  
DEFENDANT TARVIL YOUSEFFI  
CHARGES AGG SEX

UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

BY Robert C Ryzanca  
Robert C. Ryzanca, Vice President

COURT PRINCE WILLIAM COUNTY  
CITY & STATE MANASSAS VA  
CASE NO. 1535A076228000  
APPEARANCE DATE/TIME JUL 16, 2014 9:00 AM  
IF REWRITE:  
ORIGINAL NO. \_\_\_\_\_ AMOUNT 5000  
EXECUTING AGENT JOSE RIVERA NP  
AGENCY Chances PHONE 703 021 2245



SECURITY FEATURES MUST BE PRESENT SEE LIST ON BACK.

TAX I.D. NO. 36-1372324  
N.A.I.C. NO. 32887