



Republic of the Philippines
Supreme Court
Office of the Court Administrator
Manila

OCA CIRCULAR NO. 06-2024

**TO: ALL JUDGES AND CLERKS OF COURTS/
OFFICERS-IN CHARGE, OFFICE OF THE CLERK OF
COURT, OF THE FIRST AND SECOND LEVEL
COURTS**

**SUBJECT: Bonding of Clerks of Courts (Accountable Officers)/
Designated Officers-in-Charge**

It has come to the attention of this Office that there are designated Officers-in-Charge (Accountable Officers) in the Office of the Clerk of Court (OCC) for multi-sala courts, and Clerks of Court/ Officers-in-Charge in single-sala courts who are not properly bonded, resulting to the issuance of an Audit Observation Memorandum (AOM) from the Commission on Audit (COA).

Please be reminded that Section 101 of Presidential Decree (PD) No. 1445 requires every accountable officer to be properly bonded in accordance with law. Moreover, Section 4.1.1 of Treasury Circular No. 02-2019 dated April 25, 2019 expressly provides that every officer, agent and employee of the Government of the Republic of the Philippines, whenever the nature of the duties performed permits or requires the possession, custody or control of public funds or properties for which he/she is accountable, be deemed a bondable officer, and shall be bonded and his/her fidelity insured.

In view of the foregoing mandatory requirement, all Clerks of Court (Accountable Officers) and designated Officers-in-Charge who are not yet bonded are directed to submit immediately to the Finance Division, Financial Management Office, OCA, their duly accomplished application for fidelity bond. As required in Treasury Circular No. 2-2019, the following are to be submitted together with the duly accomplished Fidelity Bond Application Form [Annex A]: a) 2x2 size picture taken within the last three months; (b) duly accomplished Maximum Cash Accountability Form [Annex B] for the last six months; and (c) certified copy of Civil Service Appointment for new applicant and Designation/Office Memorandum in case of a designated Officer-in-Charge or acting in the position. To facilitate the processing of the bond premium, scanned copy of the

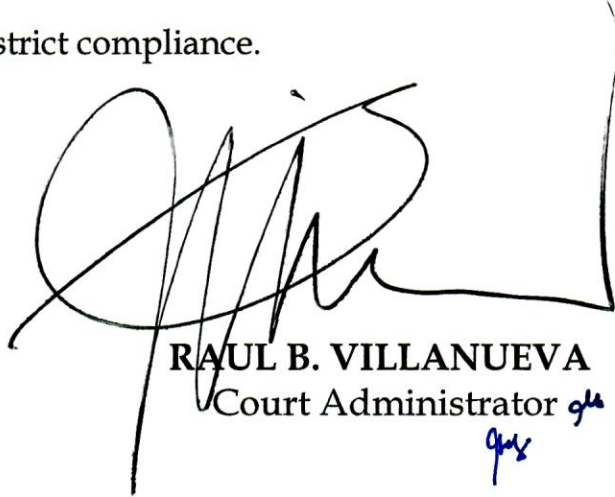
Re: Bonding of Clerks of Courts/ Officers-in-Charge (Accountable Officers)

aforementioned requirements shall be emailed to bonds.finance.fmo.oca@judiciary.gov.ph.

Withholding of salaries and allowances shall be recommended for those who will fail to comply with the abovementioned directive.

For your information and strict compliance.

January 8, 2024



RAUL B. VILLANUEVA
Court Administrator *gls*



REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG PANANALAPI
KAWANIHAN NG INGATANG-YAMAN
(BUREAU OF THE TREASURY)

Form 3: Annex A
Fidelity Bond Application Form
(Revision No. 02 Date: May 30, 2022)

RISK NUMBER <i>(to be accomplished by BTR Officer)</i>

REQUEST FOR APPLICATION FOR BONDING AND/OR CANCELLATION OF
FIDELITY BOND OF ACCOUNTABLE PUBLIC OFFICER

INSTRUCTIONS: 1. ACCOMPLISH THIS FORM CORRECTLY 3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK <input checked="" type="checkbox"/> "✓" 2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS															
TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION, <i>please proceed to Item Nos. 24-32</i>	OLD RISK NUMBER: <i>For Renewal</i>	PASSPORT SIZE ID PHOTO													
1. NAME _____ <i>Surname Given Name Name Ext. (e.g., Jr.) Middle Name</i>															
2. ADDRESS _____ _____ _____															
3. DATE OF BIRTH (mm/dd/yyyy) _____	4. PLACE OF BIRTH _____														
5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	8. CONTACT NUMBER _____	9. EMAIL ADDRESS _____												
6. TIN _____	10. MONTHLY INCOME (Salaries, allowances, business income and the like) _____														
11. ESTIMATED MONTHLY EXPENSES _____															
12. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i> _____															
13. a. Have you ever been charged of any administrative and/or criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i> Case No/s. _____ Date Filed: _____ Status of Case/s: _____		b. Have you ever been found guilty of any administrative and/or criminal case before any administrative body, tribunal or court? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i> Case No/s. _____ Date Filed: _____ Status of Cases: _____													
14. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to applicant)															
<table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>CONTACT NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME	ADDRESS	CONTACT NUMBER										
NAME	ADDRESS	CONTACT NUMBER													
15. I declare that the answer to the foregoing questions are true to the best of my knowledge and belief. I fully understand that any misrepresentation made in this application and supporting documents shall cause the filing of administrative/criminal case(s) against me. Government Issued ID : _____ ID/License/Passport Number : _____ Date/Place of Issue : _____ _____ Signature over Printed Name /Date Accomplished															
16. SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued Government ID as indicated above.															
Doc. No. _____ Page No. _____ Book No. _____ Series of _____	_____ Signature of Officer/Person Administering Oath														

17. AMOUNT OF ACCOUNTABILITY <table style="width:100%; margin-top: 10px;"> <tr> <td></td> <td style="text-align: center;">AMOUNT OF ACCOUNTABILITY</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td colspan="2">(a) Public Funds</td> </tr> <tr> <td>(1) As Collecting Officer</td> <td style="text-align: right;">P _____</td> </tr> <tr> <td>(2) As Disbursing Officer</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>(3) As Signing Officer</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>(4) Investment Officer (GS Investments, Time Deposits, etc.)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2">(b) Public Property</td> </tr> <tr> <td>(1) Inventories (per GAAM)</td> <td style="text-align: right;">P _____</td> </tr> <tr> <td>(2) Property, Plant & Equipment (Net Book Value)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2">(c) Forms and other valuables</td> </tr> <tr> <td>(1) Internal Revenue Stamps</td> <td style="text-align: right;">P _____</td> </tr> <tr> <td>(2) Postage and other Stamped Stock</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>(3) Official Receipt</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>(4) Others Forms and valuables</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>TOTAL AMOUNT</td> <td style="text-align: right;">P _____ _____</td> </tr> </table>		AMOUNT OF ACCOUNTABILITY	<hr/>		(a) Public Funds		(1) As Collecting Officer	P _____	(2) As Disbursing Officer	_____	(3) As Signing Officer	_____	(4) Investment Officer (GS Investments, Time Deposits, etc.)	_____	(b) Public Property		(1) Inventories (per GAAM)	P _____	(2) Property, Plant & Equipment (Net Book Value)	_____	(c) Forms and other valuables		(1) Internal Revenue Stamps	P _____	(2) Postage and other Stamped Stock	_____	(3) Official Receipt	_____	(4) Others Forms and valuables	_____	TOTAL AMOUNT	P _____ _____	18. NAME OF OFFICE OR AGENCY 19. ADDRESS OF OFFICE OR AGENCY <hr/> <div style="display: flex; justify-content: space-between;"> Municipality/City Province </div> <hr/> 20. STATION/DIVISION (Place of assignment) 21. TITLE OF POSITION OR DESIGNATION 22. DATE OF DESIGNATION OR ASSUMPTION OF ACCOUNTABILITY <hr/> <div style="display: flex; justify-content: space-around;"> Year Month Day </div> <hr/> 23. BOND PERIOD COVERAGE <input type="checkbox"/> One (1) year <input type="checkbox"/> Two (2) years <input type="checkbox"/> Three (3) years
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THIS BLOCK TO BE FILLED ONLY IN CASE OF BOND CANCELLATION

24. OFFICE OR AGENCY AND STATION	
25. NAME OF OFFICERS TO BE RELIEVED	26. PRESENT POSITION OR DESIGNATION
<hr/> <div style="display: flex; justify-content: space-between;"> Surname Given Name Middle Name </div>	
27. AMOUNT OF BOND	28. RISK NUMBER AND EFFECTIVITY DATE
29. DATE OF RELIEF	30. CAUSE OF RELIEF
<hr/> <div style="display: flex; justify-content: space-around;"> Year Month Day </div>	

31. THIS IS TO CERTIFY THAT, as Head of Agency of _____, I verified the truthfulness of the answers to the questions contained on the face of this form and found them correct insofar as can be ascertained and that the applicant is a safe and conservative risk. Hence, the undersigned is recommending approval and authorizing the request for

Application for Bonding
 New
 Renewal
 Cancellation of Bond

of the above accountable public officer.

 Signature over Printed Name of Head of the Agency/Date Accomplished

THIS BLOCK TO BE FILLED BY BTr ONLY

32. AMOUNT OF BOND RECOMMENDED	33. AMOUNT OF BOND PREMIUM PAYABLE
<p>This is to certify that I have carefully evaluated the request for _____ of Fidelity Bond of the above-mentioned accountable public officer.</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> _____ Name & Signature of BTr Officer </div> <div style="width: 30%;"> _____ DATE </div> </div>	

MAXIMUM CASH ACCOUNTABILITY
For the Last Six Months Ending, _____

COLLECTIONS

MONTH	JUDICIARY DEVELOPMENT FUND	FIDUCIARY FUND AND SHERIFF TRUST FUND	MEDIATION FUND	SPECIAL ALLOWANCE FOR THE JUDICIARY	TOTAL
					-
					-
					-
					-
					-
					-
					-
	-	-	-	-	-
Divided by six (6) months					6
Average Collection/ Maximum Cash Accountability**					-

Prepared by:

(Name/ Position and Signature)

Court/ Station

CP No.#

*Sheriff Trust Fund – for Regional Trial Court (RTC) and Shari’a District Court (SDC) only
**Maximum Cash Accountability – Average Collection for the last six (6) months