

# BAIL BOND APPLICATION & CONTRACT

AGENT \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

|               |              |               |              |
|---------------|--------------|---------------|--------------|
| Offense _____ | Case # _____ | Power # _____ | Amount _____ |
| Offense _____ | Case # _____ | Power # _____ | Amount _____ |
| Offense _____ | Case # _____ | Power # _____ | Amount _____ |
| Offense _____ | Case # _____ | Power # _____ | Amount _____ |

Total Bond Amount \_\_\_\_\_

Court \_\_\_\_\_ Appearance Date \_\_\_\_\_ Time \_\_\_\_\_

Defendant's Full Name (First, Middle, Last) \_\_\_\_\_ Phone \_\_\_\_\_

Alias/Nickname/Street Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Race \_\_\_\_\_

Scars/Tattoos, Marks, etc. \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Apt. Name \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ ( ) Own ( ) Rent Landlord \_\_\_\_\_

Previous Address \_\_\_\_\_

Present Occupation(s) \_\_\_\_\_ Previous Occupation(s) \_\_\_\_\_

Employer \_\_\_\_\_ Shift \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ How Long \_\_\_\_\_

Union \_\_\_\_\_ Local # \_\_\_\_\_

Spouse Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation(s) \_\_\_\_\_

Employer \_\_\_\_\_ Shift \_\_\_\_\_ How Long \_\_\_\_\_

Address \_\_\_\_\_ Job Title \_\_\_\_\_ Phone \_\_\_\_\_

|           |                            |                       |             |
|-----------|----------------------------|-----------------------|-------------|
| Age _____ | Child's Name/Address _____ | School/Employer _____ | Phone _____ |
| _____     | _____                      | _____                 | _____       |
| _____     | _____                      | _____                 | _____       |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Auto Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

Amount Owed \_\_\_\_\_ Lien Holder \_\_\_\_\_

Insurance Agent/Company \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Previous Arrests for \_\_\_\_\_ Where \_\_\_\_\_

On Probation/Parole \_\_\_\_\_ Where \_\_\_\_\_ Probation/Parole Officer \_\_\_\_\_

Credit Card Company \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Company \_\_\_\_\_ Account # \_\_\_\_\_

Attorney \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

| RELATIVES/FRIENDS | ADDRESS, CITY STATE, ZIP | PHONE |
|-------------------|--------------------------|-------|
|-------------------|--------------------------|-------|

|                   |       |       |
|-------------------|-------|-------|
| Mother _____      | _____ | _____ |
| Father _____      | _____ | _____ |
| Brother _____     | _____ | _____ |
| Brother _____     | _____ | _____ |
| Sister _____      | _____ | _____ |
| Sister _____      | _____ | _____ |
| Sister _____      | _____ | _____ |
| M-Law _____       | _____ | _____ |
| F-Law _____       | _____ | _____ |
| Gr. Parents _____ | _____ | _____ |
| Best Friend _____ | _____ | _____ |
| Ex Spouse _____   | _____ | _____ |

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|   |       |
|---|-------|
| Relation: _____                                   |       |
| COSIGNER No. 1 If Non-Rel., How Long Known? _____ |       |
| Name _____  |       |
| Address _____                                     |       |
| City & Zip _____                                  |       |
| D.L. # _____                                      |       |
| Employer _____                                    |       |
| Title _____                                       |       |
| Address _____                                     |       |
| City & Zip _____                                  |       |
| Spouse _____                                      |       |
| Employer _____                                    |       |
| References (Personal or Credit Cards)             | Phone |
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |

|   |       |
|---|-------|
| Relation: _____                                   |       |
| COSIGNER No. 2 If Non-Rel., How Long Known? _____ |       |
| Name _____  |       |
| Address _____                                     |       |
| City & Zip _____                                  |       |
| D.L. # _____                                      |       |
| Employer _____                                    |       |
| Title _____                                       |       |
| Address _____                                     |       |
| City & Zip _____                                  |       |
| Spouse _____                                      |       |
| Employer _____                                    |       |
| References (Personal or Credit Cards)             | Phone |
| 1. _____  | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |

**THE PREMIUM PAID ON THIS BOND IS NOT RETURNABLE**

SIGNATURE OF DEFENDANT \_\_\_\_\_

DATE \_\_\_\_\_