

INDEMENTOR APPLICATION FOR APPEARANCE BOND

Full Legal Name: _____ Nicknames / Aliases / Maiden Name: _____
Date of birth _____ Race _____ Sex _____ Place of birth _____
Social Security Number: _____ Weight _____ Height _____ Age _____
Myspace _____ E mail _____
Facebook _____ twitter _____
Last School Attended _____ Year _____ Graduated _____
High School Attended _____ City _____ State _____ Year _____
Residence Address: _____ lot/Apt. # _____
Mailing Address (if different): _____
How long have you lived at current address? _____ Do you: () own () rent / other _____
Names of Others You Live With: _____ 2. _____
Telephone Numbers: (Home) _____ (Cell) _____ (Business) _____
Name of Cellular Phone Company _____ Pre Paid; Yes () or No ()
Name Cellular phone in _____ Billing Address _____
Name Home phone in _____ Billing Address _____
Name Home Utility in _____ Name of Utility Company _____
Driver's License / I.D. Number: _____ State _____ Marital Status: _____
I receive: SSI _____ SSA _____ VA _____ Welfare Asst. _____ Child Support _____ Food Stamps _____ Govt. Housing _____ Unemployment _____
Name of Employer: _____ Work Phone # _____
Address / Location of Employer: _____ City/State _____
Position or Job Description: _____ Hours _____ Supervisor _____
Spouse's/Girl or Boyfriend Name: _____ Cell or Phone #: _____
Last/Girl or Boyfriend Name: _____ Nicknames or Aliases: _____
Social Security Number: _____ Weight _____ Height _____
Spouse's/Friend Address (if different): _____
Spouse's/Friend Date of birth _____ Race _____ Sex _____ Place of birth _____
Spouse's/Friend Employer: _____ Address of Employer: _____

Names, Ages and Social Security Number of All Your Children (and addresses if not living with you):

Child 1 _____ Age _____ SS# _____
Daycare/Babysitter/School Attended _____ Date of Birth _____
Mother/Father of Child _____ Address/City/State _____
Child 2 _____ Age _____ SS# _____
Daycare/Babysitter/School Attended _____ Date of Birth _____
Mother/Father of Child _____ Address/City/State _____
Child 3 _____ Age _____ SS# _____
Daycare/Babysitter/School Attended _____ Date of Birth _____
Mother/Father of Child _____ Address/City/State _____
Child 4 _____ Age _____ SS# _____
Daycare/Babysitter/School Attended _____ Date of Birth _____
Mother/Father of Child _____ Address/City/State _____
Have you been arrested before? _____ Where? _____ Date _____
Charge (s)? _____
Have you been bonded before? _____ Where? _____ Date _____ Bonding Co. _____
Charge (s)? _____
Have you ever been sentenced before? _____ (If yes, where?) State Prison _____ County Jail _____
Charge (s)? _____
Have you ever been on Probation before? _____ (If yes,) State _____ County _____
Charge (s)? _____
Checking Account at: _____ Savings Account at: _____
Credit Card Bank/ATM _____ Credit Card Bank/ATM _____

For Real Estate (land) You Own or Are Buying:

Address: _____ City _____ State _____

All Names on Title: _____

Mortgage Owed to: _____ Balance Owed: \$ _____ Monthly Payment: \$ _____

For All Motor Vehicles You Own / Are Buying / Driving:

1). Year/Make/Model: _____ Color: _____

Vehicle ID #: _____ Tag No: _____ Mileage: _____

Names on Title: _____ Present Value: \$ _____

Loan owed to: _____ Balance on Loan: \$ _____ Monthly Payment: \$ _____

2). Year/Make/Model: _____ Color: _____

Vehicle ID #: _____ Tag No: _____ Mileage: _____

Names on Title: _____ Present Value: \$ _____

Loan owed to: _____ Balance on Loan: \$ _____ Monthly Payment: \$ _____

If you don't own a car, how do you get around _____ Bus _____ Friend _____ Taxi _____

Does anyone owe you money? Amount Owed: \$ _____ Reason money is owed: _____

Name and Address of Person Owing Money: _____

Does anyone owe you money? Amount Owed: \$ _____ Reason money is owed: _____

Name and Address of Person Owing Money: _____

Name	Occupation	work/home address	Phone
Father _____			
Mother _____			
Brother _____			
Brother _____			
Sister _____			
Sister _____			

Personal References - Friends (other than relatives / Family Member)

Name	Years Known	work/home address	Phone

I AM HAVING OR HAD A PROBLEM WITH THE BELOW NAMED PERSON. OR THIS PERSON IS MY ENEMY IF HE / SHE CALL AND STATES, I AM PLANNING TO VIOLATE MY BAIL BOND AGREEMENT. PLEASE DO NOT LISTEN TO THE FOLLOWING PEOPLE

1. NAME	AGE	ADDRESS / STREET

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILE A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

If principal or Indemnitor shall make any material false statements, incomplete or misleading information in this application for appearance bond, the Surety Company shall have the right to forthwith apprehend, arrest, and surrender principal, and principal shall have no right to any refund of premium whatsoever.

PERSON YOU ARE BONDING

Full Legal Name of person you're bonding: _____ Nicknames _____

Residence Address: _____ lot/Apt. # _____

Telephone Numbers: (Home) _____ (Cell) _____ Business: _____

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: Premium on this Bond Is NOT Returnable