

For Office Use: Date: _____ Defendant in need of Indemnitor: _____ No. _____

APPLICATION AND AGREEMENT FOR APPEARANCE BOND

In the event that an appearance bond or recognizance is arranged and/or continued in accordance with the terms and provisions of this application and agreement for appearance bond(s) of recognizance, the defendant herein understands and agrees that any agent of this executing company shall have control and jurisdiction of him during the term for which the bonds is/are executed and has the right to surrender the defendant at any time with cause, as provided by law.

INDEMNITOR'S PERSONAL DATA

NAME: _____ RELATIONSHIP TO DEFENDANT: _____

DOB: _____ AGE: _____ SOC SEC #: _____ DL#: _____ STATE: _____

HOW DID YOU HEAR ABOUT US? _____ WHERE BORN: _____

MARITAL STATUS: NAME OF SPOUSE: _____ PHONE #: _____

MAILING ADDR: _____ APT#: _____ CITY _____ ST _____ ZIP _____

PHYSICAL ADDR: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: (____) _____ CELL(____) _____ Receive Text Msg: Y or N

YRS AT ADDR _____ DO YOU: OWN ___ RENT ___ BUYING ___ LIVE WITH FAMILY _____

EMAIL: _____ Receive Messages by Email? Y or N FACEBOOK: Y or N

LANDLORD/MORTGAGOR: _____ PHONE: (____) _____ VERIFIED: _____

EMPLOYER: _____ ADDRESS: _____

CITY/ST/ZIP: _____ / _____ / _____ PHONE: (____) _____ POSITION: _____

HOW LONG: _____ SUPERVISOR: _____ PHONE: (____) _____

MONTHLY INCOME: \$ _____ WORK DAYS: _____ HRS: _____

REFERENCES (Need at least 4 – 2 must be relatives)

NEXT OF KIN: _____ ADDRESS _____ PHONE(____) _____

RELATION _____ City/State/Zip _____

NEXT OF KIN: _____ ADDRESS _____ PHONE(____) _____

RELATION _____ City/State/Zip _____

REFERENCE _____ ADDRESS _____ PHONE(____) _____

RELATION _____ City/State/Zip _____

REFERENCE _____ ADDRESS _____ PHONE(____) _____

RELATION _____ City/State/Zip _____

REFERENCE _____ ADDRESS _____ PHONE(____) _____

RELATION _____ City/State/Zip _____

The indemnitor hereby warrants that the foregoing declarations made and answers given are the truth without reservations and are made for the purpose of Inducing the Surety to become or to produce suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be fully relied on. In addition, the Indemnitor hereby authorizes and directs his relatives, employers, bankers, the federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the United States Armed Forces, the State Department of Motor Vehicles, all municipal, county, state and federal law co-enforcement agencies and any other persons or organizations having information concerning the Defendant's and Indemnitor's whereabouts to give such information to A Bail Bonds and/or apprehension for Court appearance, and for the purpose of securing reimbursement for any expense incurred as a result of Defendant's non-appearance.

INDEMNITOR Signature _____ Date _____ Agent or witness signature _____ Date _____

COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD NEED TO BE FURNISHED