

9. RELATIVES

NAME	OCCUPATION	ADDRESS / CITY / STATE / ZIP	PHONE
FATHER: _____			
MOTHER: _____			
BROTHER: _____			
BROTHER: _____			
SISTER: _____			
SISTER: _____			
FATHER-IN-LAW: _____			
MOTHER-IN-LAW: _____			
BROTHER-IN-LAW: _____			
COUSIN: _____			

10. ARRESTS - CRIMINAL HISTORY

ARE YOU CURRENTLY ON BOND WITH ANYONE? YES NO ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES NO
 HAVE YOU EVER FAILED TO APPEAR IN COURT? YES NO **LIST ANY PREVIOUS ARRESTS :**

DATE	CHARGE(S)	COUNTY & STATE	DISPOSITION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

11. COURT DATE NOTIFICATION - DEFENDANT / INDEMNITOR / ATTORNEY

DEFENDANT: NAME/ADDRESS/PHONE _____
 INDEMNITOR: NAME/ADDRESS/PHONE _____
 ATTORNEY: NAME/ADDRESS/PHONE _____

12. TYPE OF COLLATERAL

(1) CASH (2) CASH VALUE (3) EQUITY (4) ASSIGNMENT (5) NOTE AND MORTGAGE (6) MISCELLANEOUS

OWNER(S) NAME: _____ PHONE _____
 ADDRESS: _____
 OWNER(S) NAME: _____ PHONE _____
 ADDRESS: _____
 OWNER(S) NAME: _____ PHONE _____
 ADDRESS: _____
 COLLATERAL DESCRIPTION: _____
 COLLATERAL LOCATION: _____

Under penalties of perjury, I declare that I have read the foregoing, and the information provided is true and correct without reservation. The information and representations made in this Application are for the purpose of inducing the Surety to undertake the bond(s) for which I have applied with the intent that the Surety fully rely upon the information and representations contained herein. I agree to indemnify and hold harmless the Surety Company and its Agents for any and all losses that may arise from the execution of the bond(s) applied for herein, unless prohibited by applicable law or regulation.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE FOUND GUILTY OF A FELONY.

MAILING ADDRESS IF DIFFERENT FROM RESIDENCE: _____

APPLICANT SIGNATURE _____

AGENCY USE NOTE: FOR MULTIPLE BONDS, ONLY FIELDS WITH * NEED TO BE FILLED OUT ON THE SECOND APPLICATION

BAIL AGENCY: _____ *AGENT _____ *APPROVED BY _____

TRANSFER BOND RE-WRITE POSTING POSTING AGENT ORIGINAL P.O.A.# _____ REQUESTING AGENT: _____

P.O.A. (S) #: _____ *BOND AMOUNT: \$ _____ POSTING DATE: _____

COURT: FEDERAL CIRCUIT COUNTY OTHER: _____ *CASE: _____

CHARGES CONTINUED: _____ *JUDGE: _____

*PREMIUM AMOUNT DUE: \$ _____ PREMIUM PAID IN FULL PREMIUM OWED: \$ _____

CROSS COLLATERAL: (1) CASH (2) CASH VALUE (3) EQUITY (4) ASSIGNMENT (5) NOTE AND/OR MORTGAGE (6) MISC.

*NAME: _____ P.O.A.# _____

*NAME: _____ P.O.A.# _____