

AGENT _____ DATE OF APPLICATION _____

Offense _____ Case # _____ Power # _____ Amount _____
 Offense _____ Case # _____ Power # _____ Amount _____
 Offense _____ Case # _____ Power # _____ Amount _____
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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. # _____ () Own () Rent Landlord
 City _____ State/Zip Code _____ 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 _____ State _____ Expiration _____

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		

I have read and had explained to me and understand the following terms and conditions of **UNITED STATES FIRE INSURANCE COMPANY** (hereinafter called **COMPANY**) executing the above listed Surety Bail Bonds on my behalf:

- COMPANY** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and **COMPANY** as provided by law.
- It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **COMPANY** and that **COMPANY** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):
 - If I depart the jurisdiction of the court without written consent of the court and **COMPANY** or its Agent.
 - If I shall move from one address to another or change my phone number without notifying **COMPANY** and/or its Agent.
 - If I commit any act which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
 - If I am arrested and incarcerated for any offense other than a minor traffic violation.
 - If I make any material false statement in my Bail Bond Application and Contract with **COMPANY**.
- If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **COMPANY** for any reason, and I am captured by **COMPANY** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.
- I hereby waive any and all rights I may have under Title 29 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **COMPANY**, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize, without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **COMPANY** and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to **COMPANY** and/or its Agent.

Signature of Defendant _____ Date _____