

### DEFENDANT/COSIGNER/INDEMNITOR APPLICATION FOR SURETY BOND

A. If Defendant/Indemnitor make any false statement on this application, the bond(s) will or may be surrendered at the option of the bonding company.

Name \_\_\_\_\_ Nickname/Alias/Stage Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ US Citizen **Yes or No**

If No, list resident alien # \_\_\_\_\_ Relation to person: \_\_\_\_\_

Address where you reside \_\_\_\_\_ How Long? \_\_\_\_\_

Address Apt#, City, State, Zip

(Circle one) Buying, Renting, Leasing, living with Family/ Landlord, Mortgage Co. or Complex Name? \_\_\_\_\_

Permanent Mailing Address? \_\_\_\_\_ Name Utilities are in \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Tattoos (Y/N) \_\_\_\_\_

Email address/Instagram/ Facebook Name/Twitter? \_\_\_\_\_

Military Background \_\_\_\_\_ Social Security # \_\_\_\_\_ State ID or Driver's Lic. # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Eyes \_\_\_\_\_ Hair \_\_\_\_\_ **Circle One** Right or Left Handed

Glasses **Yes or No** Contacts **Yes or No** Complexion or Skin Tone \_\_\_\_\_

List **Special Skills**, Carpentry, Framer, Recreational activities Frequented \_\_\_\_\_

**Have you ever had a drug/ alcohol problem or on medication(s)? List Medications:**

#### **EMPLOYMENT:**

Place of employment \_\_\_\_\_ Job title or description \_\_\_\_\_ How long? \_\_\_\_\_

Employer's address \_\_\_\_\_ Work Phone# \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Previous Employer \_\_\_\_\_ JobTitle \_\_\_\_\_ How long? \_\_\_\_\_

If Unemployed, list how you support yourself (examples: side jobs w/whom, how much SSI received, or other government aid)

#### **FINANCIAL INFORMATION:**

Name of Bank \_\_\_\_\_ Credit Union \_\_\_\_\_

Name of Credit Card \_\_\_\_\_ Acct # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**AUTOS:** \*\* If you don't own a vehicle please list **one that you would borrow or someone who would give you a ride?**

Year/Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

Year/Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_

**ARREST/CONVICTION RECORD:** HAVE YOU **EVER** BEEN ARRESTED, **ANYWHERE?** **YES OR NO** If so state details, when, where

(County?), charge(s) and if plead guilty or dismissed? \_\_\_\_\_

Are you on **Probation: Yes or No** Are you on **Parole: Yes or No**

Are you on bond for other charges? **Yes or No** If so, company & charges? \_\_\_\_\_

What bonding company(s) have you used before? \_\_\_\_\_

Have you ever FAILED TO APPEAR in court or SIGNED for somebody who did? **YES OR NO; Details** \_\_\_\_\_

Name of your Attorney/Law Firm \_\_\_\_\_ Ph# \_\_\_\_\_ Have you paid fee: **YES OR NO**

Reference NAME

!!!MUST HAVE A MINIMUM OF SIX (6) REFERENCES!!!

<b>Info</b>	<b>Street</b>	<b>City, State</b>	<b>Phone</b>
Father/ Name:			
Mother/Name:			
Bro/Sis/Name:			
Other Relatives/Name:			
Closest Friend/Name:			
Friend/ Name:			
Friend/ Name:			
Coworker/Name:			

(Circle One)

Spouse/Common Law/Girlfriend/Boyfriend \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ State ID or Driver's Lic. # \_\_\_\_\_

Employment \_\_\_\_\_ Job Title/Position/Description \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work # \_\_\_\_\_ How long? \_\_\_\_\_

<b>Spouse's Family &amp; Friends</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Phone</b>
Father/ Name:				
Mother/Name:				
Family Member Name:				

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<b>CHILDREN</b>	<b>AGE</b>	<b>ADDRESS (IF DIFFERENT)</b>	<b>PHONE</b>	<b>SCHOOL &amp; GRADE</b>
Name				
Name				

**RELEASE OF INFORMATION**

The individual (aka defendant/indemnitor) signing hereby warrants that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be relied on fully. In addition, the defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the Department of Disability Insurance, the United States Armed Forces, the State Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the defendant's whereabouts to give such information to any agent of A-COPA Bail Bonds/COPA Bail Bonds/San Antonio Bail Bonds and apprehension for Court appearance, and for the purpose of securing reimbursement for and expenses incurred as a result of Defendant's nonappearance. **The Defendant/ Indemnitor hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by A-COPA Bail Bonds/COPA Bail Bonds/San Antonio Bail Bonds and its authorized representatives. This release will serve to exonerate you from any and all liability stemming from the release of information to A-COPA Bail Bonds/COPA Bail Bonds/San Antonio Bail Bonds which may be imposed upon by Title 5, Section 522-A of the United States Code, commonly known as the Privacy Act, or any comparable federal, state or municipal law governing the release of information. This release is valid for a period to ten (10) years from execution date.**

Date \_\_\_\_\_ Agent/Witness \_\_\_\_\_

Cosigner/Defendant Signature \_\_\_\_\_ Mailing Address \_\_\_\_\_