UNITED STATES SURETY INC

United States Surety Inc. • Bail Bond General Agency
128 West Bellevue Street, Opelousas, LA 70570
1-844-USS-BAIL (1-844-877-2245)
unitedstatessurety.com

DEFENDANT BAIL APPLICATION

Application for Bail Bond and Defendant Agreement • Print clearly in ink • Answer every item; write "N/A" if not applicable

1. BOND INFORMATION (completed by Agent)

AGENT / PRODUCER NAME	PRODUCER LICENSE NO.	DATE	OFFICE / LOCATION

COURT	PARISH	CASE / DOCKET NO.	BOOKING NO.

CHARGE(S)

BOND AMOUNT	PREMIUM	PREMIUM PAID	BALANCE DUE	NEXT COURT DATE / TIME
$	$	$	$	

SURETY / INSURER	POWER OF ATTORNEY NO.	JAIL / FACILITY

2. DEFENDANT PERSONAL INFORMATION

FULL LEGAL NAME (Last, First, Middle)	DATE OF BIRTH	DEFENDANT PHOTO

ALIASES / NICKNAMES / OTHER NAMES USED	SOCIAL SECURITY NO.	SEX

DRIVER'S LICENSE / STATE ID NO.	STATE	RACE	HEIGHT

WEIGHT	HAIR	EYES	PLACE OF BIRTH (City, State)

SCARS / MARKS / TATTOOS (location and description)

CELL PHONE	HOME / OTHER PHONE	EMAIL

SOCIAL MEDIA HANDLES (Facebook / Instagram / TikTok / X / Snapchat / Other)

3. RESIDENCE

CURRENT STREET ADDRESS	APT / UNIT	CITY	STATE	ZIP

HOW LONG AT ADDRESS	OWN / RENT	LIVES WITH (names and relationship)
	☐ Own ☐ Rent ☐ Other	

LANDLORD / MORTGAGE COMPANY NAME	LANDLORD PHONE	MONTHLY RENT / MORTGAGE
		$

PRIOR ADDRESSES (past 5 years; attach a sheet if more) — Street, City, State, ZIP	FROM – TO	OWN / RENT

4. EMPLOYMENT

CURRENT EMPLOYER	EMPLOYER PHONE	SUPERVISOR

EMPLOYER ADDRESS	POSITION / TITLE

LENGTH OF EMPLOYMENT	SHIFT / HOURS	INCOME	OTHER INCOME / SUPPORT
		$_____ ☐ Wk ☐ 2 Wk ☐ Mo	

PRIOR EMPLOYER	PHONE	POSITION	DATES

5. VEHICLE(S)

YEAR	MAKE	MODEL	COLOR	PLATE NO. & STATE	REGISTERED OWNER

6. FAMILY

RELATIONSHIP	FULL NAME	ADDRESS (Street, City, State, ZIP)	PHONE
Spouse / Partner			
Mother			
Father			
Sibling			
Sibling			
Child			
Child			

7. PERSONAL REFERENCES (at least 4; people who do not live with you)

#	NAME	RELATIONSHIP	ADDRESS (Street, City, State, ZIP)	PHONE
1				
2				
3				
4				
5				
6				

8. CRIMINAL HISTORY AND STATUS

PRIOR ARREST / CONVICTION DATE	CHARGE	PARISH / COUNTY & STATE	DISPOSITION

EVER BEEN ON BAIL BEFORE? ☐ Yes ☐ No	BAIL AGENCY / SURETY USED	YEAR(S)	BOND EVER FORFEITED? ☐ Yes ☐ No
EVER FAILED TO APPEAR? ☐ Yes ☐ No	IF YES, EXPLAIN (when, where, how resolved)		
ON PROBATION / PAROLE? ☐ Yes ☐ No	PROBATION / PAROLE OFFICER	OFFICER PHONE	OFFICE / PARISH
OTHER PENDING CASES? ☐ Yes ☐ No	IF YES, COURT, PARISH, AND CASE NO.		
ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No	IF NO, EXPLAIN		
DEFENSE ATTORNEY	ATTORNEY PHONE	☐ Retained ☐ Public Defender	

9. STIPULATIONS OF THE BAIL BOND AGREEMENT

The Defendant agrees to each of the following conditions of the bail bond and initials each one. "Agency" means United States Surety Inc.; "surety" means the surety/insurer named on the bond.

No.	Stipulation	Defendant Initials
1	**Court Appearances.** The Defendant will appear at every court date in the case(s) covered by this bond, in person, on time, and will arrive at least _____ minutes early, until the bond is exonerated or discharged. The Defendant is responsible for knowing all court dates, and the Agency's courtesy reminders do not relieve the Defendant of this duty.	_____
2	**Changes in Information (48 Hours).** The Defendant will notify United States Surety Inc. (the "Agency") within 48 hours of any change in residence address, telephone number, email, employment, or vehicle.	_____
3	**Check-Ins.** The Defendant will check in with the Agency _____ (frequency) by ☐ phone ☐ in person ☐ app/text ☐ other: _____, and at any other time the Agency reasonably requests.	_____
4	**Travel Restriction.** The Defendant will not leave ☐ the State of Louisiana ☐ _____ Parish without the Agency's prior written permission, and will obey any travel restriction ordered by the court.	_____
5	**Court-Ordered Conditions.** The Defendant will obey all conditions of release set by the court, which may include no-contact or protective orders, curfew, drug or alcohol testing, electronic or ankle monitoring, and reporting requirements. Conditions known at signing: _____.	_____
6	**No New Arrests; Report Police Contact (24 Hours).** The Defendant will not commit any new offense and will report any arrest, citation, summons, or other police contact to the Agency within 24 hours.	_____
7	**Attorney and Court Date Changes.** The Defendant will notify the Agency within 48 hours of any change of attorney and of any new, reset, continued, or rescheduled court date.	_____
8	**Surrender by Surety.** Under La. C.Cr.P. Art. 331(C), a surety may surrender the defendant at any time and may arrest the defendant for that purpose. The surety, acting through the Agency or its authorized agents, may surrender the Defendant at any time, including (without limitation) for breach of any stipulation, an increased risk of nonappearance, or false or incomplete information. Upon surrender, the premium is fully earned and will not be refunded.	_____
9	**Recovery and Surrender Costs.** The Defendant and Indemnitor(s) are liable, to the extent allowed by Louisiana law, for reasonable costs of locating, apprehending, and surrendering the Defendant, including reimbursement of the $25 fee the surety must pay the detaining officer upon surrender under La. C.Cr.P. Art. 331(C). Other surrender/recovery charges, if any: _____.	_____
10	**Duration of Bond.** The bond remains in effect until it is exonerated or the surety is discharged by the court or by operation of law. These stipulations remain in effect for as long as the bond is in effect and until all amounts owed to the Agency are paid.	_____
11	**Premium Fully Earned.** The premium is fully earned upon the Defendant's release from custody and is nonrefundable, regardless of the outcome of the case, a later surrender or revocation, or the dismissal or reduction of charges.	_____
12	**Payment Plan.** Any unpaid premium balance will be paid according to the written payment schedule. Unpaid balance: $_____, payable $_____ per _____, beginning _____. A missed payment is a breach of these stipulations.	_____
13	**Consent to Contact.** The Agency may contact the Defendant's listed references, employer, and family members, and anyone else named in the application, to verify information and to help locate the Defendant.	_____
14	**False Information.** If any information given to the Agency is false or materially incomplete, the Agency's obligations to the Defendant under this agreement are void and the surety may surrender the Defendant.	_____
15	**Receipt of Copy.** The Defendant (and each Indemnitor) has read these stipulations, or has had them read to him or her, understands them, has had the chance to ask questions, and has received a copy.	_____

10. DEFENDANT'S ACKNOWLEDGMENTS AND AGREEMENTS

1. **Appearance.** I will appear at all court dates in this case, as ordered, until the bond is exonerated or discharged.
2. **Notice of Changes.** I will notify the Agency within 48 hours of any change in my address, telephone number, or employment (and of any other change listed in the Stipulations).
3. **Check-Ins.** I will check in with the Agency as required in Stipulation 3 and whenever the Agency asks.
4. **Consent to Surrender and Arrest.** I understand that under La. C.Cr.P. Art. 331(C) a surety may surrender me at any time and may arrest me for that purpose. I agree that a violation of this agreement or the Stipulations, or any false information I have given, is grounds for surrender, and I consent to being arrested and surrendered by the surety or its authorized agents for that purpose.
5. **Costs and Fees.** I am responsible, to the extent allowed by Louisiana law, for reasonable costs and fees incurred to locate, apprehend, and surrender me, and for any loss the Agency or surety suffers because of my failure to appear or other breach, including any bond forfeiture judgment, court costs, and interest.
6. **Authorization.** I authorize the Agency to obtain consumer credit reports, background information, and public records about me, and to contact my references, employer(s), landlord, and family members listed in this application, for the purposes of underwriting this bond and locating me while the bond is in effect.
7. **Certification.** I certify that all information in this application is true, correct, and complete. I understand the Agency and surety are relying on it in posting my bond, and that false or incomplete information is grounds for surrender.
8. **Copy.** I have read this application and the Stipulations (or have had them read to me), I understand them, and I have received a copy.

RIGHT THUMBPRINT

_____ _____

DEFENDANT SIGNATURE **DATE**

_____ _____

DEFENDANT PRINTED NAME **PHONE**

_____ _____ _____

AGENT / PRODUCER SIGNATURE **LICENSE NO.** **DATE**

FOR AGENCY USE ONLY

DATE / TIME BOND POSTED	POSTED BY (Agent)	APPLICATION APPROVED BY	DATE

CHECK-IN SCHEDULE	COURT REMINDER METHOD ☐ Text ☐ Call ☐ Email	INDEMNITOR(S) ON FILE

COLLATERAL HELD (see Indemnity Agreement receipt) ☐ None ☐ Yes — Receipt No. _____	ID VERIFIED / COPY ON FILE ☐ Yes ☐ No	PHOTO TAKEN ☐ Yes ☐ No

NOTES