

## SURETY BOND APPLICATION AND CONTRACT FOR COURT APPEARANCE

Any person, with intent to defraud an insurer, who submits an application or claim containing a false or deceptive statement is guilty of insurance fraud.

Authorized Posting Agent and Agency \_\_\_\_\_ Phone \_\_\_\_\_

Date of Posting \_\_\_\_\_ Court \_\_\_\_\_ Case No. \_\_\_\_\_  
Power No. \_\_\_\_\_ Amount \_\_\_\_\_ Court \_\_\_\_\_ Case No. \_\_\_\_\_  
Power No. \_\_\_\_\_ Amount \_\_\_\_\_ Court \_\_\_\_\_ Case No. \_\_\_\_\_

**Defendant** \_\_\_\_\_ Phone(s) \_\_\_\_\_

Former Name or Alias \_\_\_\_\_ Birthplace \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Glasses \_\_\_\_\_ Mustache / Beard \_\_\_\_\_ Right / Left Handed \_\_\_\_\_ Photo Taken \_\_\_\_\_ Disabilities \_\_\_\_\_

Tattoos \_\_\_\_\_ Other Identifiers \_\_\_\_\_

Booking / Inmate # \_\_\_\_\_ SS # \_\_\_\_\_ DL # \_\_\_\_\_

**Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long \_\_\_\_\_

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long \_\_\_\_\_

Years in City \_\_\_\_\_ Years in State \_\_\_\_\_ Last State \_\_\_\_\_ Where Arrested \_\_\_\_\_

Offense(s) \_\_\_\_\_ Co-Defendants \_\_\_\_\_

Previous Failures to Appear \_\_\_\_\_ On Probation \_\_\_\_\_

Current Court Case(s) \_\_\_\_\_ Currently out on Bail \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone, Extension / Dept. \_\_\_\_\_

Current Union Member \_\_\_\_\_ Current Military \_\_\_\_\_

Vehicle(s) Description \_\_\_\_\_

**Spouse / Partner** \_\_\_\_\_ Street, City, State \_\_\_\_\_ Phone(s) \_\_\_\_\_

Employer \_\_\_\_\_ Street, City, State \_\_\_\_\_

Defendant's Parents \_\_\_\_\_ Street, City, State \_\_\_\_\_

Spouse's Parents \_\_\_\_\_ Street, City, State \_\_\_\_\_

Other Relatives / Friends \_\_\_\_\_ Street, City, State \_\_\_\_\_