



APODACA

BONDING GROUP

INDEMNITOR BAIL BOND APPLICATION

Agent: _____

Bond \$: _____

Execution Date: _____

P.A. Number: _____

Relationship to Defendent: _____

PRINT Full Name: _____ Home Phone: () _____

Residence Address: _____ City, State & Zip _____

Mailing Address: _____ City, State & Zip _____

E-mail Address: _____ Cell Phone: () _____

PERSONAL DESCRIPTION: Weight: _____ Height: _____ Color of Eyes: _____ Age _____ Sex _____

Color of Hair: _____ Complexion: _____ Peculiar Marks or Tatoos: _____

Date of Birth: _____ Place of Birth: _____ Soc. Sec. #: _____ Res. Alien #: _____

Driver's License No. & State: _____ What nationality and race are you? _____

Rank/E Number: _____ ETS No.: _____

What is your Nick-Name? _____ What is (are) your Alias (es)? _____

Employer Name: _____ Employer Phone: () _____

Employer Address: _____

Boss/Supervisor: _____ How Long? _____ Position: _____

Married, Single, Widow(er), Divorced, or Separated? _____

Spouse's Name: _____ Cell #: () _____ Res. Alien #: _____

Number of Children: _____ Names, ages, addresses: _____

How long have you resided here? _____

Previously where? _____

Do you own or rent the house in which you live? _____ From whom? _____ How Long? _____

Have you ever been arrested before? _____ Reason? _____ Where? _____

Have you ever been convicted of a crime and if so when and where? _____

Are you on Probation or Parole? _____ P.O. Name: _____ Phone#: () _____

Attorney's Name: _____ Attorney Address _____

Phone Number: () _____ Cell Number: () _____

Make & Type of Auto: _____ Lic. # _____ In whose name? _____

When and where did you buy a car? _____ Amount owing? _____ To Whom? _____

State how you have been employed during the past ten years, whether employed or not _____

(continued on the back)

Credit

NAME OF BANK _____ CHECKING/SAVINGS ACCT# _____

CREDIT CARD _____	ACCT# _____	EXPIRES _____
CREDIT CARD _____	ACCT# _____	EXPIRES _____
CREDIT CARD _____	ACCT# _____	EXPIRES _____
CREDIT CARD _____	ACCT# _____	EXPIRES _____
CREDIT CARD _____	ACCT# _____	EXPIRES _____

Personal References Name	Years Known	Place of Employment	Address	Phone

Relatives	Name	Place of Employment	Address, City, State	Phone
Father				
Mother				
Brother				
Brother				
Sister				
Sister				
Father-in-Law				
Mother-in-Law				
Brother-in-Law				
Cousin				

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize Apodaca Bonding Group to obtain any or all information about my employment, credit history, medical history, utilities, bank accounts, personal information from school or college or University and U.S. Immigration and Naturalization service.

Date _____ (seal)

PREMIUM ON THIS BOND IS NOT RETURNABLE

Defendant must also sign indemnity agreement.