

APPLICATION FOR BAIL

SENECA INSURANCE CO., INC. - BAIL BOND DIVISION

Amt. of Bail \$ _____ Total Charges \$ _____

Premium Chg \$ _____ Received \$ _____

Date of Bond: _____

Bond Power No. _____ Balance \$ _____

Agent _____

Bond Power No. _____

Defendant's Booking Name _____ True Name _____

Street Address _____ Apt _____ City & State _____ How Long _____

Home Phone _____ Cell Phone _____ D.O.B. _____ Sex _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____ Glasses _____ Moustache _____

I.D. Marks _____ Birthplace _____ S.S.# _____ D.L.# _____

Date of Arrest _____ Where Held _____ Charges _____

Case # _____ Booking# _____ Date to Appear _____ Time _____

Court _____ Jud. Dist. _____ Div. or Dept. _____ County _____

Former Address _____ Apt# _____ City and State _____ How Long _____

Employer _____ Address _____ Phone _____

Occupation _____ Mo. Income _____ Supervisor _____ How Long _____

Previous Arrest Charge _____ Court _____ County _____ Dates Arrested _____

Disposition _____ Previous Bail _____ By Whom _____ Amount of Bail \$ _____

On Probation? _____ Where _____ Probation Officer _____

Vehicle Make _____ Model _____ Year _____ Color _____ License # _____

Real Estate Description _____ Value _____ Mortgage Amount _____

Spouse _____ Address _____ City & State _____ Home Phone _____

Spouse's Cell Phone _____ D.O.B. _____ S.S.# _____

Spouse's Employer _____ Address _____ City & State _____ Phone _____

Spouse's Vehicle Make _____ Model _____ Year _____ Color _____ License # _____

Children Names & Ages _____

REFERENCES:

Name	Address	Phone No.	Cell Phone	Relationship
1. _____	_____	_____	_____	Father
2. _____	_____	_____	_____	Mother
3. _____	_____	_____	_____	Sis/Broth

INDEMNITOR NAME: _____ Home Phone _____ Cell Phone _____

Address _____ City, State, Zip _____

Social Security # _____ D.L.# _____ D.O.B. _____ Relation to Defendant _____

Employer _____ Address _____ Phone _____

Occupation _____ How Long _____

Spouse _____ Spouse's Employer _____ Address _____

Occupation _____ How Long _____

Vehicle Make _____ Model _____ Year _____ Color _____ License # _____

I certify that the above is true and correct. I further understand that this is an application for a type of credit and authorize a review of my credit history via credit reporting agency checks.

Indemnitor's Signature _____ (Date) _____

Indemnitor's Signature _____ (Date) _____

Defendant's Signature _____ (Date) _____