

ACCURATE BAIL BONDS, INC.

1010 E. Indian School Road, Phoenix, AZ. 85014

(602) 264-2696 FAX: (602) 274-1345

INDEMNITOR INFORMATION

DEFENDANT NAME: _____

NAME: _____
 ADDRESS: _____ APT. #: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE #: _____ SOCIAL SECURITY #: _____
 CELL PHONE #: _____ TIME AT ADDRESS: _____ yrs. _____ mos.
 PREVIOUS ADDRESS: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE #: _____
 RELATIONSHIP TO DEFENDANT: _____ YEARS KNOWN: _____
 DO YOU OWN A HOUSE? YES / NO DO YOU OWN A CAR? YES / NO
 YOUR EMPLOYER: _____ OCCUPATION: _____
 EMPLOYER ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 WORK PHONE #: _____ TIME AT JOB: _____ yrs. _____ mos.

PERSONAL REFERENCES: (PROVIDE 3 NAMES, ADDRESSES, TELEPHONE NUMBERS)

- 1) _____
- 2) _____
- 3) _____

WHERE DOES THE DEFENDANT LIVE? _____

CITY: _____ STATE: _____ ZIP CODE: _____

WHO DOES THE DEFENDANT LIVE WITH? _____

WHO IS THE DEFENDANT'S CLOSEST FRIEND? _____

PROVIDE THE DEFENDANT'S CHILDREN'S NAMES, AGES AND SCHOOLS (IF ANY)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

DOES THE DEFENDANT HAVE ANY PENDING COURT CASES? YES / NO
IF SO, WHAT CASE AND WHERE? _____

I UNDERSTAND MY RESPONSIBILITIES AS AN INDEMNITOR ON A BAIL BOND.

I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: ____/____/____