

AFTER HOURS



BAIL BONDS

BAIL BOND APPLICATION – DEFENDANT INFORMATION

AGENT: _____

DATE: _____
CASE NO: _____

FULL NAME: _____ DOB: _____ S.S. #: _____
ALIAS/NICKNAME: _____ PLACE OF BIRTH: _____ RACE: _____
HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____
SCARS/MARKS/TATTOOS: _____

ADDRESS: _____ () OWN () RENT HOW LONG: _____
LANDLORD: _____
PHONE: _____

PREVIOUS ADDRESS: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____
OCCUPATION: _____
ADDRESS: _____

CHILDREN'S NAMES: _____ AGE: _____ AGE: _____
_____ AGE: _____ AGE: _____

AUTO YEAR: _____ MAKE: _____ MODEL: _____
COLOR: _____ TAG #: _____ STATE: _____

REFERENCE: _____ ADDRESS: _____ PHONE: _____
REFERENCE: _____ ADDRESS: _____ PHONE: _____
REFERENCE: _____ ADDRESS: _____ PHONE: _____

BAIL BOND APPLICATION – INDEMNITOR INFORMATION

INDEMNITOR NAME: _____ PHONE: _____
ADDRESS: _____

RELATIONSHIP TO DEFENDANT: _____ DOB: _____
S.S. #: _____

EMPLOYER: _____ PHONE: _____

BAIL INFORMATION

BAIL AMOUNT: \$ _____
BAIL FEE: \$ _____
AMOUNT PAID: \$ _____
BALANCE DUE: \$ _____

REFERENCE: _____
ADDRESS: _____
PHONE: _____

PAYMENT TERMS (IF ANY): _____

IN CONSIDERATION OF AFTER HOURS BAIL BONDS ("COMPANY") EXECUTING OR PROCURING THE EXECUTION OF GUARANTEEING OR CONTINUING THE BOND DESCRIBED IN THE FORGOING STATEMENT, OR ANY RENEWAL THEREOF, WE THE UNDERSIGNED HEREBY JOINTLY AND SEVERELY CONVENANT AND AGREE THAT WE WILL IMMEDIATELY PAY THE COMPANY AS A PREMIUM FOR THE INSURANCE OF SAID BOND, TEN PERCENT (10%). THIS PREMIUM IS NON REFUNDABLE.

SIGNATURE OF DEFENDANT: _____ DATE: _____
SIGNATURE OF INDEMNITOR: _____ DATE: _____

HAGERSTOWN: (240) 347-BAIL

MARTINSBURG: (304) 263-9118

FREDERICK: (240) 285-9005

FACSIMILE: (877) 867-3730