



BAIL BOND APPLICATION QUESTIONNAIRE

1. DEFENDANT'S NAME AND ADDRESS

Name _____ AKA _____
 _____ First _____ Middle _____ Last _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email _____ Facebook User Name: _____ Other Social Media: _____

Current Home Address _____

How Long _____ Rent or Own Landlord/Mortgage Holder _____

Former Home Address _____ How Long _____ Rent or Own

How Long Resided in Current City _____ State _____ Prior City/State Lived in _____ How Long _____

2. PERSONAL DESCRIPTION

Date of Birth _____ City and State Born _____ Male Female Race _____

Social Security # _____ Driver's License # _____ Issuing State _____

Height _____ Weight _____ Eye Color _____ Complexion _____ Hair Color _____ Glasses Yes No

Scars, Marks, Tattoos _____

U.S. Citizen Yes No How Long in U.S. _____ Nationality _____ Alien # _____

Any Medical Conditions/Disabilities _____

3. EMPLOYMENT

All occupations for the past 5 years: _____

Current Employer

Name _____ How Long _____ Phone# _____ Position _____

Address: _____ Supervisor's Name _____

Most Recent Former Employer

Name _____ How Long _____ Phone# _____ Position _____

Address: _____ Supervisor's Name _____

Next Most Recent Former Employer

Name _____ How Long _____ Phone# _____ Position _____

Address: _____ Supervisor's Name _____

Union _____ Local # _____ Military Service: Branch _____ Active Yes No Discharge Date _____

4. MARITAL STATUS/CHILDREN: Married Divorced Separated Widowed Single Cohab How long married/together _____

Spouse/girl/boyfriend's Name _____ Social Security # _____

Address (if different) _____ Email _____

Home Phone # (if different) _____ Cell Phone # _____ Work Phone # _____

Employer _____ Position _____ How Long _____

Supervisor's Name _____ Former Spouse's Name _____

Child's Name	Date of Birth	School/Employer	Other Parent's Name
_____	_____	_____	_____
_____	_____	_____	_____

5. VEHICLE

Describe Auto: Year _____ Make _____ Model _____ Color _____ Plate # _____ State _____
Where Financed _____ Amount Owed # _____
Insurance Company Name _____ Ins. Agent's Name _____ Ins. Agent's Phone # _____

6. ATTORNEY

Name and Firm _____ Phone # _____

7. RELATIVES AND FRIENDS

Father's Name _____ Address _____
Home Phone: _____ Cell Phone # _____ Work Phone # _____
Email _____ Employer _____

Mother's Name _____ Address _____
Home Phone: _____ Cell Phone # _____ Work Phone # _____
Email _____ Employer _____

Other Relative/Friend's Name _____ Relationship _____ How long known: _____
Address _____ Employer _____
Home Phone # _____ Cell Phone # _____ Work Phone # _____
Email _____ Social Media: _____

Other Relative/Friend's Name _____ Relationship _____ How long known: _____
Address _____ Employer _____
Home Phone # _____ Cell Phone # _____ Work Phone # _____
Email _____ Social Media: _____

Other Relative/Friend's Name _____ Relationship _____ How long known: _____
Address _____ Employer _____
Home Phone # _____ Cell Phone # _____ Work Phone # _____
Email _____ Social Media: _____

8. NOTES

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