

# Bail Bonds by Camille

403 N. Sylvania Ave., Ste 2 • Fort Worth, TX 76111  
817-335-4226 • 817-831-2125

## Information Sheet for Defendant

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SPN#: \_\_\_\_\_ AGENT: \_\_\_\_\_

CASE #	CHARGE	COURT	BOND

NAME \_\_\_\_\_ FRIENDS CALL ME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG \_\_\_\_\_ (YRS/MTHS) HOW LONG IN AREA (YRS/MTHS \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUYING/RENTING/LIVE W/PARENTS) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL/ID# \_\_\_\_\_

HOME # \_\_\_\_\_ CELL/PGR # \_\_\_\_\_ DOB \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ HOW LONG \_\_\_\_\_ (YRS/MOS) SHIFT \_\_\_\_\_

BIRTH PLACE CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ST \_\_\_\_\_

TATTOOS (DESCRIPTION & LOCATION) \_\_\_\_\_

IDENTIFYING SCARS \_\_\_\_\_

ARE YOU ON BOND WITH ANOTHER BONDING COMPANY AT THIS TIME? YES / NO (CIRCLE ONE)  
IF SO, WITH WHOM? \_\_\_\_\_ PHONE # \_\_\_\_\_

**IF ON PROBATION OR PAROLE**

**PROBATION OFFICER:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**PAROLE OFFICER:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**VEHICLE: YEAR** \_\_\_\_\_ **MAKE** \_\_\_\_\_ **MODEL** \_\_\_\_\_ **COLOR** \_\_\_\_\_

**LICENSE PLATE #** \_\_\_\_\_ **DEALERSHIP** \_\_\_\_\_ **TITLE HOLDER** \_\_\_\_\_

**WHO DO YOU MAKE PAYMENTS TO?** \_\_\_\_\_

**SPOUSE/GIRL/BOY FRIEND/EX-SPOUSE** \_\_\_\_\_

**HOME #** \_\_\_\_\_ **CELL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **APT** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CHILDREN**

**NAME:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**CREDIT**

**NAME OF BANK** \_\_\_\_\_ **CHECKING/SAVINGS ACCT #** \_\_\_\_\_

**CREDIT CARD** \_\_\_\_\_ **ACCT #** \_\_\_\_\_ **EXPIRES** \_\_\_\_\_

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**PERSONAL REFERENCES**

**MOTHER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**BROTHER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SISTER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SISTER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SPOUSE/GIR/BOY-FRIEND/EX-SPOUSE**

MOTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
 FATHER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
 BROTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
 SISTER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_  
 SISTER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

**OTHER (FRIENDS, NEIGHBORS, AUNTS, UNCLES, CO-WORKERS) MUST BE FULL NAME AND ADDRESS)**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 ATTY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**INCOMPLETE NAMES AND ADDRESSES MUST BE PHONED BACK TO THIS OFFICE**

**NO EXCEPTIONS**

**You are assuming specific obligations, read carefully before signing:**

I, \_\_\_\_\_ will at all times indemnify and keep indemnified the surety, Bail Bonds by Camille and will hold the surety harmless from and against any and all claims, demands, liabilities, costs charges, legal fees, disbursements, and expenses of every kind and nature which the surety shall at any time sustain or incur, and as well from all orders, decrees, judgments and adjudication against the surety by reason or in consequence of having executed such bond or undertaking on my behalf and at the insistence of the indemnitor(s) (or any of them) and will payover, reimburse, and make good to the surety, its successor and assigns all sums and amounts of money required to meet every claim, demand, liability cost, expense suit, order decreed payment and/or adjudication against the surety by reason of the execution of such bond or undertaking and any other bonds or undertaking executed in behalf of and/or at the instance of the indemnitor(s) and before surety shall be required to apay thereunder, in the event that an appearance bond or recognizance is arranged and/or executed and/or continued in accordance with the terms and provisions of this application and agreement for appearance bond or recognizance, the defendant herein understands and agrees that any agent if the executing company shall have control and jurisdiction of him/her during the term for which the bond is executed and has the right to surrender the defendant at any time they desire, as provided herein, and as provided by law. Also, the bond premium is not refundable.

SIGNATURE: \_\_\_\_\_  
 Defendant:

DATE: \_\_\_\_\_