

**VIP BAIL BONDS**

**APPLICATION FOR BAIL BOND**

**TELL US ABOUT YOURSELF (INSURANCE COMPANY POLICY THAT THIS APPLICATION MUST BE ENTIRELY FILLED OUT)**

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 SPOUSE'S NAME: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Spouse's Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Spouse's Driver's Lice. #: \_\_\_\_\_ State: \_\_\_\_\_

**TELL US ABOUT YOUR EMPLOYMENT**

EMPLOYER: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Work Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_ Current Position: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Take Home Pay: \$ \_\_\_\_\_ Weekly/Monthly – Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**FINANCIAL INFORMATION**

Buying/Renting? \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_  
 Mortgage Company/Landlord: \_\_\_\_\_ How Long At This Address? \_\_\_\_\_  
 If Buying, What Is The Value Of Your Home? \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ 2<sup>nd</sup>: \$ \_\_\_\_\_  
 Where Do You Bank At? \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
 Debit Card: MC \_\_ VISA \_\_ Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit #: \_\_\_\_\_  
 MC, VISA, AMX, DISCOVER Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit #: \_\_\_\_\_  
 MC, VISA, AMX, DISCOVER Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit #: \_\_\_\_\_  
 MC, VISA, AMX, DISCOVER Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit #: \_\_\_\_\_  
 How Would You Rate Your Credit? Excellent \_\_\_\_\_ Very Good \_\_\_\_\_ Good \_\_\_\_\_ Bad \_\_\_\_\_ Very Bad \_\_\_\_\_  
 Have You Ever Declared Bankruptcy? Y N Are You Considering Bankruptcy? Y N

REFERENCES:	
1) Name:	Home Address:
Telephone #:	Relationship to Co-Signer:
2) Name:	Home Address:
Telephone #:	Relationship to Co-Signer:
3) Name:	Home Address:
Telephone #:	Relationship to Co-Signer:

**DEFENDANT INFORMATION**

Defendant's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Favorite Place To Hang Out: \_\_\_\_\_  
 ID Marks/Tattoos: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Work Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 What Days Does Defendant Work? Sun Mon Tue Wed Thu Fri Sat What hours? \_\_\_\_\_  
 Defendant's Spouse/Girlfriend/Boyfriend/Common Law: \_\_\_\_\_ Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

X \_\_\_\_\_  
 Signature

X \_\_\_\_\_  
 Date

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud an insurance company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

X \_\_\_\_\_ X \_\_\_\_\_