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PHONE - D.I.S.

AGENT _____

DATE _____

Defendant Information

First Name: _____ Last: _____ MI: _____ DOB ____ / ____ / ____

Address: _____ Apt. #: _____ City: _____ ST _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Booking # : _____ County: _____ City: _____

Employed By : _____ Position: _____ Location: _____ Phone: _____

Indemnitor Information #1

First Name: _____ Last: _____ MI: _____ Relation to Defendant _____

Address: _____ Apt. #: _____ City: _____ ST _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employed By : _____ Position: _____ Location: _____ Phone: _____

Indemnitor Information #2

First Name: _____ Last: _____ MI: _____ Relation to Defendant _____

Address: _____ Apt. #: _____ City: _____ ST _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employed By : _____ Position: _____ Location: _____ Phone: _____

Bond #1 \$ _____ [] secure [] cash Case# _____ Court _____

Charges: _____

Bond #2 \$ _____ [] secure [] cash Case# _____ Court _____

Charges: _____

Bond #3 \$ _____ [] secure [] cash Case# _____ Court _____

Charges: _____

Collateral Information

Year: _____ Make: _____ Model: _____ Owner _____

Color: _____ VIN# _____ Plate: _____ State: _____

Year: _____ Make: _____ Model: _____ Owner _____

Color: _____ VIN# _____ Plate: _____ State: _____

Other Collateral: _____ Owner _____

Other Collateral: _____ Owner _____

Other Collateral: _____ Owner _____

Notes:

Additional Information (HISTORY)

Prior Misdemeanor? [] Yes [] No How many: _____	Previous FTAs? [] Yes [] No
Prior felonies? [] Yes [] No How many: _____	Currently on Parole? [] Federal [] State [] City
Currently on Probation? [] Yes [] No [] Federal [] State [] City	Drug use: [] Yes [] No Drug Type: _____
Ever done prison time? [] Yes [] No How Long: _____	Alcohol use: [] Yes [] No