



LIZA DAVIS BAIL BONDS, LLC.

WWW.LIZADAVISBAILBONDS.COM

58 Wahington Middletown, CT.06457

Phone 860.347.BAIL Phone 860.818.7078

DEFENDANT APPLICATION AND CONTRACT

Bond Amount \$ _____

Defendant Name _____

Alias _____ Last _____ First _____ Middle _____

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

Social Security # _____ - _____ - _____

Home phone () _____

Cell phone () _____

Residential address _____

Street Apt. # City State Zip Code

Mailing Address _____

Street Apt. # City State Zip Code

Residential stat rent ___ own ___ temp ___ live with { _____ } How long { _____ month _____ year }

Employment info full time ___ part time ___ other ___ unemployed ___ retired ___ social security ___ disabled _____

Company's Name & Address _____

Phone () _____ length of employment? { _____ } work hours _____ to _____

Arrest history

Current/previous bond amount/for/from/when/where	Probation officer's name	At	Length	Attorney's Name

Attributes

Hair	Eyes	Twins	Ethnicity	Height Ft In	Weight lbs	Marks	Place of birth

Emergency Contact

Relation	Name	Address	Phone #

Driver Information

Auto Year	Make	Model	Color	Plate #	Lic.#	State

Reference

Name	Address	Phone Number
Mother		
Father		
Sibling		
Relative		
Relative		
Other		

Marital Stat Married ___ Separated ___ Single ___ Engaged _____ Number of Dependents 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ or more _____

Spouse Name	Address	Phone#

List a Dependand

Name	Address	Phone #
Guardian Name	School	Age

I declare under penalty of perjury that the information is the truth to the best of my knowledge.

_____ / _____
Defendants Name

_____ / _____
Date