



# LIZA DAVIS BAIL BONDS, LLC.

[WWW.LIZADAVISBAILBONDS.COM](http://WWW.LIZADAVISBAILBONDS.COM)  
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## Defendant Authorization Form

Defendant Name: \_\_\_\_\_

Name of Bail Agent: \_\_\_\_\_

Name Bail Bond Company: \_\_\_\_\_

By signing my name below, on this date, I authorize the bail bond agent named herein to execute bail bonds on behalf of myself or the person I represent. I understand that this will begin the bail bond process.

**NOTE:** If I'm signing this form as a duly designated representative of the defendant, I certify that I'm at least 18 years of age and that I have full permission of the defendant to enter into this agreement.

\_\_\_\_\_  
*Signature of Defendant or Authorized Representative*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Printed Name of Authorized Representative (if applicable)*

\_\_\_\_\_  
*Signature Bail Agent*

\_\_\_\_\_  
Date

Bail Agent License Number: \_\_\_\_\_