



# BAIL BOND APPLICATION QUESTIONNAIRE

## 1. DEFENDANT'S NAME AND ADDRESS

Name \_\_\_\_\_ AKA \_\_\_\_\_  
 First Middle Last

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email \_\_\_\_\_ Facebook User Name: \_\_\_\_\_ Other Social Media: \_\_\_\_\_

Current Home Address \_\_\_\_\_

How Long \_\_\_\_\_  Rent or  Own Landlord/Mortgage Holder \_\_\_\_\_

Former Home Address \_\_\_\_\_ How Long \_\_\_\_\_  Rent or  Own

How Long Resided in Current City \_\_\_\_\_ State \_\_\_\_\_ Prior City/State Lived in \_\_\_\_\_ How Long \_\_\_\_\_

## 2. PERSONAL DESCRIPTION

Date of Birth \_\_\_\_\_ City and State Born \_\_\_\_\_  Male  Female Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_ Hair Color \_\_\_\_\_ Glasses  Yes  No

Scars, Marks, Tattoos \_\_\_\_\_

U.S. Citizen  Yes  No How Long in U.S. \_\_\_\_\_ Nationality \_\_\_\_\_ Alien # \_\_\_\_\_

Any Medical Conditions/Disabilities \_\_\_\_\_

## 3. EMPLOYMENT

All occupations for the past 5 years: \_\_\_\_\_

Current Employer

Name \_\_\_\_\_ How Long \_\_\_\_\_ Phone# \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Most Recent Former Employer

Name \_\_\_\_\_ How Long \_\_\_\_\_ Phone# \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Next Most Recent Former Employer

Name \_\_\_\_\_ How Long \_\_\_\_\_ Phone# \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Union \_\_\_\_\_ Local # \_\_\_\_\_ Military Service: Branch \_\_\_\_\_ Active  Yes  No Discharge Date \_\_\_\_\_

## 4. MARITAL STATUS/CHILDREN: Married Divorced Separated Widowed Single Cohab How long married/together \_\_\_\_\_

Spouse/girl/boyfriend's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (if different) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # (if different) \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Former Spouse's Name \_\_\_\_\_

Child's Name	Date of Birth	School/Employer	Other Parent's Name
_____	_____	_____	_____
_____	_____	_____	_____

**5. VEHICLE**

Describe Auto: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_  
Where Financed \_\_\_\_\_ Amount Owed # \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_ Ins. Agent's Name \_\_\_\_\_ Ins. Agent's Phone # \_\_\_\_\_

**6. ATTORNEY**

Name and Firm \_\_\_\_\_ Phone # \_\_\_\_\_

**7. RELATIVES AND FRIENDS**

**Father's Name** \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_

**Other Relative/Friend's Name** \_\_\_\_\_ Relationship \_\_\_\_\_ How long known: \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Social Media: \_\_\_\_\_

**Other Relative/Friend's Name** \_\_\_\_\_ Relationship \_\_\_\_\_ How long known: \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Social Media: \_\_\_\_\_

**Other Relative/Friend's Name** \_\_\_\_\_ Relationship \_\_\_\_\_ How long known: \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Social Media: \_\_\_\_\_

**8. NOTES**

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