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Accredited Surety and Casualty Company, Inc.
P.O. Box 140855 • Orlando, FL 32814-0855
4798 New Broad Street • Suite 200 • Orlando, FL 32814

BAIL BOND APPLICATION AND AGREEMENT

(Please answer each question in full. Please print answers)

THIS IS A 2 PAGE DOCUMENT - Read Both Sides Carefully

You, the undersigned Defendant ("Defendant" or "you"), hereby represent and warrant that the following declarations made and answers given are true, complete and correct and are made for the purpose of inducing Accredited Surety and Casualty Company, Inc. ("Surety") to issue, or cause to be issued, bail bond(s) or undertaking(s) for you (singularly or collectively the "Bond"), using power of attorney number(s)

(if known) \_\_\_\_\_, in the total amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) in the \_\_\_\_\_ Court of \_\_\_\_\_

1. DEFENDANT'S NAME AND ADDRESS

Name \_\_\_\_\_ Nickname/Alias \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Email \_\_\_\_\_
Current Home Address \_\_\_\_\_
How Long \_\_\_\_\_ Rent or Own Landlord \_\_\_\_\_
Former Home Address \_\_\_\_\_ How Long \_\_\_\_\_ Rent or Own Landlord \_\_\_\_\_
How Long Resided In Current City \_\_\_\_\_ How Long In Current State \_\_\_\_\_

2. PERSONAL DESCRIPTION

Date of Birth \_\_\_\_\_ Where Born \_\_\_\_\_ Sex Male Female Race \_\_\_\_\_
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Scars, Marks, Tattoos \_\_\_\_\_ Complexion \_\_\_\_\_
How Long in U.S. \_\_\_\_\_ U.S. Citizen Yes No Nationality \_\_\_\_\_ Alien # \_\_\_\_\_
Any Medical Conditions/Disabilities \_\_\_\_\_
Union \_\_\_\_\_ Local # \_\_\_\_\_ Military Service Branch \_\_\_\_\_ Active Yes No Discharge Date \_\_\_\_\_

3. ARREST INFORMATION

Date of Arrest \_\_\_\_\_ Booking Name (if different) \_\_\_\_\_ Arresting Agency \_\_\_\_\_
Jail Location \_\_\_\_\_ Booking # \_\_\_\_\_
Charges \_\_\_\_\_
Previous Arrests: CHARGES DATE WHERE
Pending Charges in Other Counties \_\_\_\_\_
Are You On Probation Yes No Parole/Probation Officer Name And Phone # \_\_\_\_\_
Are You Now Under Any Bond Yes No Have You Ever Failed To Appear In Court Yes No
Bonded Before By \_\_\_\_\_ When \_\_\_\_\_

4. EMPLOYMENT

All Occupations For The Past 5 Years \_\_\_\_\_
Current Employer Name \_\_\_\_\_ How Long \_\_\_\_\_ Position \_\_\_\_\_
Supervisor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_
Most Recent Former Employer Name \_\_\_\_\_ How Long \_\_\_\_\_ Position \_\_\_\_\_
Supervisor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_
Next Most Recent Former Employer Name \_\_\_\_\_ How Long \_\_\_\_\_ Position \_\_\_\_\_
Supervisor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

5. MARITAL STATUS/CHILDREN

Married Divorced Separated Widowed Single Cohab
Spouse/Girl/Boyfriend's Name \_\_\_\_\_ How Long Married/Together \_\_\_\_\_
Address (if different) \_\_\_\_\_ Email \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security # \_\_\_\_\_
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_
Supervisor's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School/Employer \_\_\_\_\_ Other Parent's Name \_\_\_\_\_
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School/Employer \_\_\_\_\_ Other Parent's Name \_\_\_\_\_

6. VEHICLE

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

7. ATTORNEY

Name And Firm \_\_\_\_\_ Phone # \_\_\_\_\_

8. RELATIVES AND FRIENDS

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_
Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_
Other Relative/Friend's Name \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_
Other Relative/Friend's Name \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

9. OTHER CONDITIONS - Refer To Item 3) On Reverse Side

BAIL PRODUCER [include: name, address, phone no. and license no.]

FLORIDA RESIDENTS Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
NEW YORK RESIDENTS must also sign Page 2 (back) of this Agreement.

I AGREE TO THE TERMS SET FORTH ON PAGE 1 (FRONT) AND PAGE 2 (BACK) OF THIS AGREEMENT.

Signed, Sealed And Delivered at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Signature of Defendant \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_