

APPLICATION FOR BAIL:
SENECA INSURANCE CO, INC. – BAIL BOND DIVISION

Amt. of Bail \$ _____ Total Charges \$ _____
Premium Chg \$ _____ Received \$ _____

Date of Bond: _____ Bond Power No. _____ Balance \$ _____
Agent _____

DEFENDANT INFORMATION

Defendant's Booking Name _____ True Name _____
Street Address _____ Apt _____ City & State _____ How Long _____
Home Phone _____ Cell Phone _____ D.O.B. _____ Sex _____ Race _____
Height _____ Weight _____ Hair _____ Eyes _____ Glasses _____ Moustache _____ U.S. Citizen? Yes _____ No _____
I.D. Marks _____ Birthplace _____ S.S.# _____ D.L. # _____
Date of Arrest _____ Where Held _____ Charges _____
Case # _____ Booking # _____ Date to Appear _____ Time _____
Court _____ Jud. Dist. _____ Div or Dept _____ County _____
Former Address _____ Apt _____ City & State _____ How Long _____
Employer _____ Address _____ Phone _____
Occupation _____ Mo. Income _____ Supervisor _____ How Long _____
Vehicle Make _____ Model _____ Year _____ Color _____ License # _____
Real Estate Description _____ Value _____ Mortgage Amount _____

Spouse _____ Address _____ City & State _____ Phone _____
Spouse Cell Phone _____ D.O. B. _____ S.S. # _____
Spouse Employer _____ Address _____ City & State _____ Phone _____
Children Names & Ages _____

REFERENCES:	Name	Address	Phone No.	Cell Phone	Relationship
1.	_____	_____	_____	_____	Father
2.	_____	_____	_____	_____	Mother
3.	_____	_____	_____	_____	Sis/Brother
4.	_____	_____	_____	_____	Friend
5.	_____	_____	_____	_____	Attorney

INDEMNITOR INFORMATION

Indemnitor Name: _____ Phone _____ Cell _____
Address _____ City, State, Zip _____
Social Security # _____ D.L. # _____ D.O.B. _____ Relation to Defendant _____
Employer _____ Address _____ Phone _____
Occupation _____ How Long _____
Spouse _____ Spouse Employer _____ Address _____
Occupation _____ How Long _____
Vehicle Make _____ Model _____ Year _____ Color _____ License # _____
Real Property Address _____ Value \$ _____ Financed by _____

Indemnitor Name: _____ Phone _____ Cell _____
Address _____ City, State, Zip _____
Social Security # _____ D.L. # _____ D.O.B. _____ Relation to Defendant _____
Employer _____ Address _____ Phone _____
Occupation _____ How Long _____
Spouse _____ Spouse Employer _____ Address _____
Vehicle Make _____ Model _____ Year _____ Color _____ License # _____
Real Property Address _____ Value \$ _____ Financed by _____

I certify that the above is true and correct. I further understand that this is an application for a type of credit and authorize a review of my credit history via a credit reporting agency.

Defendant's Signature (Date) Indemnitor's Signature (Date)

Indemnitor's Signature (Date)

STATEMENT OF INFORMATION REQUIRED BY SECTION 2100, CAL. REGULATORY CODE AND WHICH MAY BE REQUIRED IN OTHER STATES

Full Name of Person Supplying Information _____
Relationship to Defendant _____ If Same was Defendant, How did he communicate _____
If Writ, Name of Attorney _____ Name of Person Negotiating Bail _____
Address _____
Connection or Relationship to Defendant _____ Name of Licensee who negotiated transaction _____
Name & Sum Paid Unlicensed Persons & Service Performed (if any) _____
Name of Person Receiving Information _____ Date & Time Information Received _____
Manner in Which information Received _____
Name of other agent involved & Commission Paid _____
Was consideration other than money received? If Yes, explain in detail and attach statement _____ Yes _____ No

APPLICATION FOR BAIL: Page 2 of 2