

# APPLICATION FOR BAIL

SENECA INSURANCE CO., INC. - BAIL BOND DIVISION

Date of Bond: \_\_\_\_\_

Agent \_\_\_\_\_

Amt. of Bail \$ \_\_\_\_\_ Total Charges \$ \_\_\_\_\_

Premium Chg \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Bond Power No. \_\_\_\_\_ Balance \$ \_\_\_\_\_

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 \_\_\_\_\_  
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 and State \_\_\_\_\_ How Long \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Mo. Income \_\_\_\_\_ Supervisor \_\_\_\_\_ How Long \_\_\_\_\_  
Previous Arrest Charge \_\_\_\_\_ Court \_\_\_\_\_ County \_\_\_\_\_ Dates Arrested \_\_\_\_\_  
Disposition \_\_\_\_\_ Previous Bail \_\_\_\_\_ By Whom \_\_\_\_\_ Amount of Bail \$ \_\_\_\_\_  
On Probation? \_\_\_\_\_ Where \_\_\_\_\_ Probation Officer \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Real Estate Description \_\_\_\_\_ Value \_\_\_\_\_ Mortgage Amount \_\_\_\_\_

Spouse \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Home Phone \_\_\_\_\_  
Spouse's Cell Phone \_\_\_\_\_ D.O.B \_\_\_\_\_ S.S.# \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse's Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Children Names & Ages \_\_\_\_\_

## REFERENCES:

Name	Address	Phone No.	Cell Phone	Relationship
1. _____	_____	_____	_____	Father
2. _____	_____	_____	_____	Mother
3. _____	_____	_____	_____	Sis/Broth
4. _____	_____	_____	_____	Friend

INDEMNITOR NAME: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ D.L.# \_\_\_\_\_ D.O.B \_\_\_\_\_ Relation to Defendant \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long \_\_\_\_\_  
Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

INDEMNITOR NAME: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ D.L.# \_\_\_\_\_ D.O.B \_\_\_\_\_ Relation to Defendant \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long \_\_\_\_\_  
Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long \_\_\_\_\_  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

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 credit reporting agency checks.

\_\_\_\_\_  
Defendant's Signature (Date)

\_\_\_\_\_  
Indemnitor's Signature (Date)

\_\_\_\_\_  
Indemnitor's Signature (Date)