



1ST OUT 24/7 BAIL BONDS
“YOUR FIRST AND ONLY CALL FOR FREEDOM”

DEFENDANT INFORMATION SHEET

Defendant Name: _____ Nickname: _____

Where was the defendant born City/State _____ Social Sec.# _____ D.O.B. _____

Defendant’s Address (include apt no.) _____ City/State/Zip _____

Home# _____ Cell Phone: _____ Email/Facebook _____

Who does the Defendant live with? _____ Does the Defendant have Children? (Y OR N) _____

Please list name/date of birth/school attending/and guardian information for Defendants children:

Employer Name _____ Address _____

Length of Employment _____ Work# _____ Name of Supervisor _____

Defendant Spouse Information (Name, address, telephone number) _____

Does the Defendant an drive an automobile? Make/Model/Year/Color/Lic. Plate# _____

Does the Defendant have tattoos? Where/How Many _____

Does the defendant have any medical conditions and what _____

Doctors/Treatment Facilities _____

Does the defendant have any other pending cases here or out of state? If yes, where and when _____

_____ What charges _____

Has the defendant ever been incarcerated? If so, when, where, how long and for what crime _____

Has the defendant ever been arrested under any other name? (If so, please write those names in this section) _____

ADDITIONAL INFORMATION REGARDING THE DEFENDANT

PLEASE PROVIDE:	NAME	ADDRESS-PHONE	EMPLOYER
ATTORNEY	_____	_____	_____
FATHER	_____	_____	_____
STEP-FATHER	_____	_____	_____
MOTHER	_____	_____	_____
STEP-MOTHER	_____	_____	_____
SISTER	_____	_____	_____
SISTER	_____	_____	_____
SISTER	_____	_____	_____
BROTHER	_____	_____	_____
BROTHER	_____	_____	_____
BROTHER	_____	_____	_____
AUNT	_____	_____	_____
AUNT	_____	_____	_____
UNCLE	_____	_____	_____
UNCLE	_____	_____	_____
GRANDMOTHER	_____	_____	_____
GRANDMOTHER	_____	_____	_____
GRANDFATHER	_____	_____	_____
GRANDFATHER	_____	_____	_____
CLOSEST FRIEND	_____	_____	_____
OTHER FAMILY MEMBERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____