

I, the undersigned, do hereby apply to the ACCREDITED SURETY & CASUALTY COMPANY, INC., to act as my bail in the amount of \$ _____ in the court of _____

wherein I am charged with _____ and _____

TERMS AND CONDITIONS

The following terms and conditions are an integral part of this application for appearance BOND(S)

_____ for which ACCREDITED SURETY & CASUALTY COMPANY, INC., (hereinafter called SURETY), or its Agent shall receive a premium in the amount of \$ _____ Dollars,

and the parties agree that said appearance bond(s) is conditioned upon full compliance by the principal of all said terms and conditions and is a part of said bonds and applications therefore.

- The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest, and surrender the principal to the proper officials at any time as provided by law.
- In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
- It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligations to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
 - If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
 - If principal shall move from one address to another within the State of _____ without notifying the SURETY or its agent in writing prior to said move.
 - If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
 - If principal shall make any material false statement in the application.

FIRST NAME		MIDDLE NAME		LAST NAME		NICKNAME / STREET NAME	
KNOWN AS OTHER ALIAS				HAVE YOU BEEN ARRESTED UNDER ANY OTHER ALIAS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CURRENT ADDRESS (STREET, APT. OR SUITE #)				CITY	STATE	ZIP	HOW LONG?
<input type="checkbox"/> OWN HOME		<input type="checkbox"/> RENT HOME		RENT FROM WHOM:		NAME OF APARTMENT / CONDO	
PREVIOUS ADDRESS (IF LESS THAN 5 YEARS)							
HOME PHONE			WORK PHONE			CELL PHONE	
EMAIL ADDRESS							
D.O.B.		WHERE BORN		TATTOOS / SCARS / MARKS			
SEX	RACE	HT	WT	EYES	HAIR		
DR. LICENSE NO.			STATE ISSUED		S.S. #		
PREVIOUS ARRESTS				BONDED BEFORE BY			
ARE YOU ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR			
NAME OF SUPERVISING OFFICER					SUPERVISING OFFICER TELEPHONE		
MY ATTORNEY			PHONE		ADDRESS		
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHAT COUNTRY DO YOU HOLD CITIZENSHIP?					
LEGAL RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO		RESIDENT ALIEN REGISTRATION NUMBER			OTHER - VISITING FROM:		
CURRENT OCCUPATION		CURRENT EMPLOYER		PHONE	EXT. #	NAME OF SUPERVISOR	
ADDRESS			CITY		STATE	ZIP	PHONE
IF UNEMPLOYED, ARE YOU <input type="checkbox"/> RETIRED <input type="checkbox"/> DISABLED			OTHER:			IF OTHER, WHO PAYS YOUR BILLS?	
PREVIOUS EMPLOYER:			PHONE:		ADDRESS:		
PREVIOUS EMPLOYER:			PHONE:		ADDRESS:		
SPOUSE INFORMATION <input type="checkbox"/> GIRLFRIEND <input type="checkbox"/> WIFE <input type="checkbox"/> BOYFRIEND <input type="checkbox"/> HUSBAND							
SPOUSE'S NAME			ADDRESS		CITY	STATE	ZIP
SPOUSE'S CURRENT EMPLOYER			EMPLOYERS ADDRESS		CITY	STATE	ZIP
PREVIOUS EMPLOYER			ADDRESS		CITY	STATE	ZIP
CHILD'S NAME		AGE	SCHOOL		CHILD'S NAME		AGE
CHILD'S NAME		AGE	SCHOOL		CHILD'S NAME		AGE
AUTO	YEAR	MAKE	MODEL	COLOR	TAG NUMBER	STATE	WHERE FINANCED
FATHER				PHONE		ADDRESS	
MOTHER				PHONE		ADDRESS	
BROTHER				PHONE		ADDRESS	
SISTER				PHONE		ADDRESS	
REFERENCE				PHONE		ADDRESS	
REFERENCE				PHONE		ADDRESS	
REFERENCE				PHONE		ADDRESS	

For good and valuable consideration the undersigned principal hereby agrees to indemnify and/or hold harmless, the Accredited Surety & Casualty Company, Inc. or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute. Signed, sealed and

delivered this _____ day of _____, 20 _____ Applicant's Signature

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.

DEFENDANT'S INFORMATION
CITIZENSHIP
EMPLOYMENT
FAMILY
REFERENCES

Date
Date
Job Change
Job Change
Date
Date
Address Change
Address Change