

(2)

INDEMNITOR _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____
 SOC. SEC. # _____ DRIVER'S LICENSE # ST. _____
 RACE _____ HEIGHT _____ WEIGHT _____ SEX _____ DATE OF BIRTH _____
 EMPLOYER _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____

EMAIL: _____

FRIENDS OR RELATIVES: _____

(3)

INDEMNITOR _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____
 SOC. SEC. # _____ DRIVER'S LICENSE # ST. _____
 RACE _____ HEIGHT _____ WEIGHT _____ SEX _____ DATE OF BIRTH _____
 EMPLOYER _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____

EMAIL: _____

FRIENDS OR RELATIVES: _____

(4)

INDEMNITOR _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____
 SOC. SEC. # _____ DRIVER'S LICENSE # ST. _____
 RACE _____ HEIGHT _____ WEIGHT _____ SEX _____ DATE OF BIRTH _____
 EMPLOYER _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____

EMAIL: _____

FRIENDS OR RELATIVES: _____

(5)

INDEMNITOR _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____
 SOC. SEC. # _____ DRIVER'S LICENSE # ST. _____
 RACE _____ HEIGHT _____ WEIGHT _____ SEX _____ DATE OF BIRTH _____
 EMPLOYER _____ ADDRESS _____
 CITY/STATE/ZIP _____ HOW LONG? _____ PHONE _____

EMAIL: _____

The Undersigned hereby warrants that the forgoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be relied on fully.

In addition, the undersigned hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security administration, the Internal Revenue, the State Department of Disability Insurance, the United States Armed Forces, the state Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies Surety and its assigns and/or duly authorized representative of the Defendant's apprehension for Court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The undersigned hereby waives his or her rights with respect to the Privacy act and authorizes the use of copies of this document by Surety and its assigns and/or duly authorized representatives.

The undersigned authorizes Surety to run any necessary credit reports on my Social Security Number as it deems fit.

Signed and delivered this _____ day of _____, 20_____

DEFENDANT SIGN HERE X (1) _____
Signature of Defendant

Signature of Indemnitor X (2) _____

Signature of Indemnitor X (4) _____

Signature of Indemnitor X (3) _____

Signature of Indemnitor X (5) _____

Signature of Agent _____