

# INDEMNITOR INFORMATION SHEET

DEFENDANT: \_\_\_\_\_ RELATION: \_\_\_\_\_

## PHONE #

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PAGER: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

## PERSONAL

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN# \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_

## EMPLOYMENT

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ HRS: \_\_\_\_\_

SALARY: \$ \_\_\_\_\_ PAID: WEEKLY [ ] BI-WEEKLY [ ] MONTHLY [ ] DAILY [ ]

ADDITIONAL INCOME: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

## REFERENCES

1.) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

2.) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

3.) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

I hereby state that the above information is correct to the best of my knowledge. I understand that any false information will result in the above Defendant's arrest. I understand that the premium for the bond is non-refundable whether bond is posted or not. I assume all risk and responsibility as stated on all contracts for this bond that I have signed of my own free will.

\_\_\_\_\_  
SIGNATURE