

# ***Tri-County Bail Bonding***

## **Indemnitor Personal Information and Agreement**

Defendant: \_\_\_\_\_ Bail Amount \$ \_\_\_\_\_

Indemnitor Name: \_\_\_\_\_

Relationship to Defendant: \_\_\_\_\_

Length of Time Known the Defendant: \_\_\_\_\_

Indemnitor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Received From Indemnitor:

\_\_\_\_\_ Cash in the sum of \$ \_\_\_\_\_

\_\_\_\_\_ Check in the sum of \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Bank drawn on: \_\_\_\_\_

\_\_\_\_\_ Credit Card: Visa MC Amex Disc Other: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_ Additional Cash Collateral Collected (if any): \_\_\_\_\_

\* \_\_\_\_\_ ***\*By initializing this form, Indemnitor agrees and understands that the fee, (premium), paid to Tri-County Bail Bonding and/or its Agent(s) is a non-refundable fee, unless noted as "Additional Cash Collateral". Indemnitor signature, (below), indicates that information given herein is true and correct to the best of his/her knowledge. In the event the Defendant becomes a Flight Risk or Fugitive from Justice, Indemnitor agrees to assist with any information leading to the apprehension of Defendant named above. Indemnitor agrees to any/all fees incurred from such event. Indemnitor understands this form serves as and is, a legal binding agreement.***

Indemnitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indemnitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_