

## CO-SIGNER INFORMATION

DEFENDANT NAME			AKA	
DEFENDANT ADDRESS			PHONE	
DEFENDANT EMPLOYMENT			PHONE	
CO-SIGNER NAME		RELATIONSHIP		HOW LONG
DOB	AGE	RACE	SEX	TWIN? Y / N
HGT	WGT	HAIR	EYES	GLASSES? Y / N
SSN	DL/ID#	BIRTHPLACE		HIGHSCHOOL
CURRENT ADDRESS			ZIP	HOW LONG
WHO DO YOU LIVE WITH		NAME UTILITIES ARE IN		
EMAIL			PHONE	CELL
AUTO COLOR	YEAR	MAKE	MODEL	TAG
EMPLOYER		ADDRESS		PHONE
OCCUPATION		SUPERVISOR	HOW LONG	HOURS
SPOUSE / OTHER		ADDRESS		PHONE
SSN	DOB	HGT	WGT	RACE
EMPLOYER		ADDRESS		PHONE
HAVE YOU EVER SIGNED A BOND? Y / N			DO YOU OWE ANY BONDSMAN? Y / N	
			ARE YOU FILING BANKRUPTCY? Y / N	
CONTACTS	NAME	ADDRESS		PHONE
BANK				
AUTO FINANCING				
RENT / MORTGAGE				
OTHER CREDIT				
REFERENCE				
REFERENCE				
REFERENCE				

\*\*\* PLEASE HAVE DEFENDANT COME IN WITHIN 48 HOURS OF RELEASE TO COMPLETE REQUIRED PAPERWORK FOR BOND \*\*\*

I authorize the release of information to or from ANY source, public or private. Including but not limited to; Law enforcement, medical, mental or drug rehab facilities or hospitals, doctors, lawyers, counselors, schools, employment or Oklahoma Employment Security Commission, housing, credit reports, creditors, utility, communication companies, Online media accounts, FaceBook, banking, social security, I.R.S., TANF, D.H.S. or any state program, unemployment, workers compensation, DMV records, use of GPS tracking, cellular network tracking or OnStar System, ANY other source holding information to discover the location of the defendant or co-signers, their residence, place of employment or appointment schedules. **I UNDERSTAND THAT IT IS A MISDEMEANOR TO PROVIDE FALSE INFORMATION ON ANY INDEMNIFICATION AGREEMENT WITH A PUNISHMENT OF UP TO ONE YEAR IN JAIL AND UP TO A \$1,000. FINE OR BOTH.**

PRINT \_\_\_\_\_ SIGN \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY \_\_\_\_\_ COMMISSION# \_\_\_\_\_ EXP \_\_\_\_\_