## UNITED STATES FIRE INSURANCE COMPANY

10350 Richmond Ave., Suite 300 77042 P.O. Box 2807 • Houston, Texas 77252-2807 (713) 954-8100 • (713) 954-8389 FAX

## **BAIL BOND APPLICATION & CONTRACT**

AGENT			ATE OF APPLICA	ATION	
Offense	Case	#F	Power #	Amount	
Offense	Case	#F	Power #	Amount	
Offense	Case	<b>∉</b> F	ower#	Amount	
			ower#		
Onense	Oase	†			
				Bond Amount	······································
Court	Ap	pearance Date		Time	
Defendant's Full Name (First, Middle	e. Last)			Phone	
Alias/Nickname/Street Name		,			
Date of Birth	Place of Birth	Social Secu	rity No	Height	Weight
Eye Color	Hair Color	Race	Scars/Tattoos/Mark	ks, etc.	
Address		Apt	.# ( ) Own	( ) Rent Landlord	
City		·	ddress		
Present Occupation(s)		Previous Occupat	tion(s)		
Employer	······································	Shift	How Long		
Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Job Title		Phone	
Previous Employer	·······		How Long		
Union		Local #			
Spouse Full Name		Date of Birth	Social	Security No.	
Maiden Name		Occupation(s)			
Employer		Shift	How Long		
Address		Job Title		Phone	
Age	Child's Name/Address		School/Empl	oyer	Phone
WARNING THE RESIDENCE TO THE RESIDENCE T					
<del></del> .		<del> </del>			nara mana ana ana ana ana ana ana ana ana a
Auto Year Make	M	odel	Color	Tag#	State
Amount Owed	Lien Holder				
Insurance Agent/Company					
Driver's License #		State		Expiration	
Previous Arrests for		Where			
On Probation/Parole?	Where		Probat	ion/Parole Officer	
Credit Card Company		Acc	ount #		
Credit Card Company		Aco	ount#		
Attorney		Address		Phone	
RELATIVES	/FRIENDS	ADDRESS, C	ITY, STATE, ZIP		PHONE
Mother					
Father Brother					· · · · · · · · · · · · · · · · · · ·
Brother					
Sister					
Sister Sister					
M-Law				<u> </u>	
F-Law_					
Gr. Parents					
Best Friend Ex Spouse					
t	to me and understand the fallowing	· · · · · · · · · · · · · · · · · · ·	TO OTATEO FIDE INOUE	I NOT COMPANY (beautice)	"

ined to me and understand the following terms and conditions of UNITED STATES FIRE INSURANCE COMPANY (hereinafter called COMPANY) executing the I have read and had explained to me and und above listed Surety Bail Bonds on my behalf:

- 1. COMPANY shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and COMPANY as provided by law.

  2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to COMPANY and that COMPANY and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s).

  a. If I depart the jurisdiction of the court without written consent of the court and COMPANY or its Agent.

  b. If I shall move from one address to another or change my phone number without notifying COMPANY and/or its Agent.

  c. If I commit any act which shall constitute reasonable evidence of my intention to cause a forteiture of my bail bond(s).

  d. If I amake any material false statement in my Bail Bond Application and Contract with COMPANY.

  3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by COMPANY for any reason, and I am captured by COMPANY and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted. I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.

  4. I hereby waive any and all rights I may have under Title 29 Privacy Act Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize COMPANY, Records, criminal records, civil records, telephone records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize,

Signature of Defendant	Date	