

# APPLICATION FOR BAIL

SENECA INSURANCE  
COMPANY, INC.

Total Charges \$ \_\_\_\_\_

Received \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

BOND PA No. \_\_\_\_\_

Amount of Bail \$ \_\_\_\_\_

Premium \$ \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Race \_\_\_\_\_ Moustache \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I.D. Marks \_\_\_\_\_ Glasses \_\_\_\_\_ Birthplace \_\_\_\_\_ Date of Exec. \_\_\_\_\_

S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_ Date of Arrest \_\_\_\_\_ Agent \_\_\_\_\_

Booking Name \_\_\_\_\_ True Name \_\_\_\_\_ Where Held \_\_\_\_\_

Charges \_\_\_\_\_ Case # \_\_\_\_\_ Booking # \_\_\_\_\_ Date to Appear \_\_\_\_\_ Time \_\_\_\_\_

Court \_\_\_\_\_ Jud. Dist. \_\_\_\_\_ Div. or Dept. \_\_\_\_\_ County \_\_\_\_\_

## DEFENDANT INFORMATION

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_ How Long \_\_\_\_\_

Former Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City & State \_\_\_\_\_ How Long \_\_\_\_\_ Previous County & State \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ How Long \_\_\_\_\_

Occupation \_\_\_\_\_ Mo. Income \_\_\_\_\_ Shift \_\_\_\_\_ Supervisor \_\_\_\_\_ Union \_\_\_\_\_ Local # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ When \_\_\_\_\_

Previous Arrest Charge \_\_\_\_\_ Court \_\_\_\_\_ County \_\_\_\_\_ When \_\_\_\_\_

Disposition \_\_\_\_\_ Previous Bail \_\_\_\_\_ By Whom \_\_\_\_\_ Amount \$ \_\_\_\_\_

On Probation? \_\_\_\_\_ Where \_\_\_\_\_ Probation Officer \_\_\_\_\_

Military Branch \_\_\_\_\_ Serial # \_\_\_\_\_ Discharge Date \_\_\_\_\_ When Arrested \_\_\_\_\_ Co-Defendants \_\_\_\_\_

Vehicle - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_

Credit Ref. & Acct. #'s \_\_\_\_\_

Real Estate: Description \_\_\_\_\_ Value \_\_\_\_\_ Mortgage Amount \_\_\_\_\_

## FAMILY INFORMATION

Spouse \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ How Long \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Maiden Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouse's Vehicle - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Previous Spouse \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Children - Name(s) & Age(s) \_\_\_\_\_ School \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Mother \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Father \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Def. Brother \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Def. Sister \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Best Friend \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Defendant's Attorney \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

## INDEMNITOR INFORMATION

Indemnitor \_\_\_\_\_ Address \_\_\_\_\_ City & State & Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ D. L. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relation to Defendant \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ How Long \_\_\_\_\_ Supervisor \_\_\_\_\_ Monthly Income \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_

Spouse \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ How Long \_\_\_\_\_ Supervisor \_\_\_\_\_ Monthly Income \_\_\_\_\_

Vehicle - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Registered Owner \_\_\_\_\_ Legal Owner \_\_\_\_\_ Liens \_\_\_\_\_

Real Property \_\_\_\_\_ In Who's Name \_\_\_\_\_ How Long \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_ Maps in Book \_\_\_\_\_ Page \_\_\_\_\_

Value \_\_\_\_\_ Equity \_\_\_\_\_ Financed By \_\_\_\_\_ A.P. No. \_\_\_\_\_

Credit Ref. & Acct. #'s \_\_\_\_\_

I certify that the above is true and correct. I further understand this is an application for a type of credit, and authorize review of my credit history via credit reporting agency checks.

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF DEFENDANT

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF INDEMNITOR

Full Name of Person  
Supplying Information \_\_\_\_\_  
Address \_\_\_\_\_

Name of Person  
Negotiating Bail \_\_\_\_\_  
Address \_\_\_\_\_

Name of Person  
Receiving Information \_\_\_\_\_  
Date & Time  
Information Received \_\_\_\_\_

Connection or  
Relationship to Defendant \_\_\_\_\_  
If Same Was Defendant,  
How Did He Communicate \_\_\_\_\_

Connection or  
Relationship to Defendant \_\_\_\_\_  
Name of Licensee Who  
Negotiated Transaction \_\_\_\_\_

Name of Other Agent Involved  
& Commission Paid \_\_\_\_\_  
Was Consideration Other Than Money Received?  
If Yes, Explain in Detail and Attach Statement

If Writ,  
Name of Attorney \_\_\_\_\_

Name & Sum Paid Unlicensed Persons  
& Service Performed (if Any) \_\_\_\_\_

Yes  No