

<p><b>United States Fire Insurance Company</b>          11490 Westheimer Rd., Suite 300 • Houston, TX 77077          P.O. Box 2807 • Houston, Texas 77252-2807          (713) 954-8100 • (713) 954-8389 FAX          Email: CourtNotices@cfins.com</p>	<p>BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]</p>
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**APPLICATION FOR BAIL**

Date of Bond: _____	Amt. of Bail \$ _____	Total Charges \$ _____
	Premium Chg. \$ _____	Received \$ _____
	Bond Power No. _____	Balance \$ _____
<b>Defendant's Booking Name</b> _____	<b>Defendant's True Name</b> _____	
Street Address _____ Apt. _____	City & State _____	How Long _____
Home Phone _____	Cell Phone _____	D.O.B. _____ Sex _____ Race _____
Height _____	Weight _____	Hair _____ Eyes _____ Glasses _____ Mustache/Beard _____
I.D./Marks _____	Birthplace _____	S.S. # _____ D.L. # _____ Email _____
	Social Media Username _____	Date of Arrest _____
Where Held _____	Charges _____	Case # _____
Booking # _____	Date to Appear _____	Time _____ Court _____
Jud. Dist. _____	Div. or Dept. _____	County _____ Former Address _____
Apt # _____	City and State _____	How Long _____ Employer _____
Address _____	Phone _____	Occupation _____
Mo. Income _____	Supervisor _____	How Long _____
Previous Arrest Charge _____	Court _____	County _____ Date Arrested _____
Disposition _____	Previous Bail _____	By Whom _____ Amount of Bail \$ _____
On Probation? _____	Where _____	Probation Officer _____
Vehicle Make _____	Model _____	Year _____ Color _____ License # _____
Real Estate Description _____	Value _____	Mortgage Amount _____ Spouse _____
Address _____	City & State _____	Home Phone _____
Spouse's Cell Phone _____	Spouse's Email Address _____	D.O.B. _____ S.S.# _____
Spouse's Employer _____	Address _____	City & State _____ Phone _____
Spouse's Vehicle Make _____	Model _____	Year _____ Color _____ License # _____
Children Name & Ages _____		

REFERENCES:	Name	Address	Phone No.	Cell Phone	Email Address
1. Father	_____	_____	_____	_____	_____
2. Mother	_____	_____	_____	_____	_____
3. Sis/Broth	_____	_____	_____	_____	_____
4. Friend	_____	_____	_____	_____	_____

**INDEMNITOR NAME:** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

D.L. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relation to Defendant \_\_\_\_\_ Employer \_\_\_\_\_

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

Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_

Social Media Username \_\_\_\_\_ Occupation \_\_\_\_\_ How Long \_\_\_\_\_

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

Collateral Type \_\_\_\_\_ Amount Taken \_\_\_\_\_

**INDEMNITOR NAME:** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

D.L. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relation to Defendant \_\_\_\_\_ Employer \_\_\_\_\_

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

Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_

Social Media Username \_\_\_\_\_ Occupation \_\_\_\_\_ How Long \_\_\_\_\_

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

Collateral Type \_\_\_\_\_ Amount Taken \_\_\_\_\_

**It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies. § 10-1-128(6)(a) C.R.S.**

In order to receive a return of your collateral from your producer you must deliver a copy of the court order resulting in a release of the bond by the court to the producer or the surety company.

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

Indemnitor's Signature _____	Date _____	Indemnitor's Signature _____	Date _____
Producer's Signature _____	Date _____	Defendant's Signature _____	Date _____