

Bail Bond Application

Date of Application _____

Pat Kinnard Bail Bonds

I hereby apply to **Pat Kinnard Bail Bonds** to act as my bondsman in the _____ Court of _____ County, Texas, wherein I am charged with the offense(s) of _____. I understand and agree that **Pat Kinnard Bail Bonds** shall have control and jurisdiction of me during the term of which this bond(s) is in force; and that **Pat Kinnard Bail Bonds** will have the right to surrender me on this bond(s) at any time they so desire, without refunding any part of bond premiums charged by **Pat Kinnard Bail Bonds**.

I understand that bail jumping is punishable by Texas law. Initials of applicant _____

Defendant

Print Full Name: _____ Phone Number: _____
Residence Address: _____ Mobile Number: _____
DOB: _____ DL #: _____ SSN: _____ EMAIL: _____

Personal Description

Color of Hair: _____ Weight: _____ Place of Birth: _____
Color of Eyes: _____ Height: _____ Scars, Marks, Tattoos: _____
Race: _____ Sex: _____ Marital Status: _____ Alias: _____

Employment

Employer: _____ How Long: _____ Phone: _____
Supervisor: _____ Phone: _____
Previous Employment: _____ How Long: _____ Phone: _____

Vehicle Information

Make: _____ Model: _____ Year: _____ Color: _____ Tag # _____ Financed by: _____

Spouse

Print Full Name: _____ Phone Number: _____
Residence Address: _____ Mobile Number: _____
DOB: _____ DL #: _____ SSN: _____ EMAIL: _____
Children and Ages, School(s): _____
Mother's Name: _____ Phone: _____
Employment: _____ Phone: _____
Father's Name: _____ Phone: _____
Employment: _____ Phone: _____

Attorney's Name: _____ Phone: _____

Personal References

(List 3)	Name	Address	Phone	Work Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Relatives

Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Brother: _____	_____	_____	_____
Sister: _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____

Signature of Defendant: _____ Date: _____

Co-Signer(s)

The undersigned co-signer(s), agrees to hold **Pat Kinnard Bail Bonds** harmless from any loss, arising out of a bond forfeiture on the bail bond for which application is hereby made. In the event a bond forfeiture is entered by the State, in the case(s) for which **Pat Kinnard Bail Bonds** binds its company, I/we hereby bind myself, my heirs and successors to all liability arising out of said bond forfeiture(s). Therefore, I/we set forth my personal information for the purpose of authorizing **Pat Kinnard Bail Bonds** access to my credit report (as they deem necessary) as well as to inquire into my background in the event a bond forfeiture is taken in this case(s).

Signature of Co-signer: _____ Date: _____

Print Full Name: _____ Phone: _____
Residence Address: _____ Mobile Phone: _____
DOB: _____ DL #: _____ SSN: _____ EMAIL: _____
Employment: _____ Phone: _____

Signature of Co-signer: _____ Date: _____

Print Full Name: _____ Phone: _____
Residence Address: _____ Mobile Phone: _____
DOB: _____ DL #: _____ SSN: _____ EMAIL: _____
Employment: _____ Phone: _____