

SBI BAIL BONDS of PA, LLC.

516 Hamilton Street, Allentown, PA. 18101

(610) 439-2245 FAX: (610) 439-2248

INDEMNITOR INFORMATION

DEFENDANT NAME: _____

NAME: _____

ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ SOCIAL SECURITY #: _____

CELL PHONE #: _____ PROVIDER: _____

TIME AT ADDRESS: _____ yrs. _____ mos. EMAIL: _____

PREVIOUS ADDRESS: _____

DATE OF BIRTH: _____ D.L./EXP/STATE: _____

RELATIONSHIP TO DEFENDANT: _____ YEARS KNOWN: _____

DO YOU OWN A CAR? YES / NO YEAR, MAKE, MODEL: _____

COLOR: _____ PLATE #: _____ STATE: _____

YOUR EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE #: _____ TIME AT JOB: _____ yrs. _____ mos.

PERSONAL REFERENCES: (PROVIDE 3 NAMES, ADDRESSES, TELEPHONE NUMBERS)

1) _____

2) _____

3) _____

WHERE DOES THE DEFENDANT LIVE? _____

CITY: _____ STATE: _____ ZIP CODE: _____

WHO DOES THE DEFENDANT LIVE WITH? _____

WHO IS THE DEFENDANT'S CLOSEST FRIEND? _____

PROVIDE THE DEFENDANT'S CHILDREN'S NAMES, AGES AND D.O.B.

1) _____

2) _____

3) _____

DOES THE DEFENDANT HAVE ANY PENDING COURT CASES? YES / NO
IF SO, WHAT CASE AND WHERE? _____

I UNDERSTAND MY RESPONSIBILITIES AS AN INDEMNITOR ON A BAIL BOND.

I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE: ____/____/____

HOW DID YOU GET OUR NUMBER? _____