

STATEWIDE BAIL BONDS LLC.

1031 Norwich/New London Turnpike #20 Uncasville, CT 06382

PHONE (860) 440-6039 FAX (860) 447-2809

INDEMNITOR APPLICATION AND AGREEMENT

NAME _____

DEFENDANT NAME _____

EMAIL _____

BOND AMOUNT \$ _____

DATE OF BIRTH _____

RELATIONSHIP TO DEFENDANT _____

SOCIAL SECURITY # _____

LENGTH OF RELATIONSHIP _____

HOME # () _____ **CELL #** () _____ **WORK #** () _____

RESIDENT ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

RESIDENT STATUS CIRCLE ONE RENT OWN **LIVE WITH** _____ **LENGTH AT ADDRESS** _____

EMPLOYMENT INFORMATION

COMPANY NAME _____ **LENGTH OF EMPLOYMENT** _____

COMPANY ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

CIRCLE ONE Full time Part time Social security Retired Disabled **Other** _____ **WORK HOURS** _____

DRIVER INFORMATION

AUTO YEAR _____ **MAKE** _____ **MODEL** _____ **COLOR** _____ **PLATE** _____

LIEN HOLDER _____ **ID OR LICENSE #** _____ **STATE** _____

PERSONAL REFERENCE

NAME _____ **ADDRESS** _____ **PHONE #** _____

NAME _____ **ADDRESS** _____ **PHONE #** _____

BELOW ARE THE OBLIGATIONS OF THE INDEMNITOR PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING

On this the _____ day of _____ 20____, I hereby obtain a surety bond, for the release of a Defendant through Statewide Bail Bonds LLC under the following TERMS:

- If bond is put into default status for non-payment of premium Statewide Bail Bonds LCC had the right to revoke & arrest the defendant
- The defendant appearing in court each and every time they are so ordered.
- Payments of court costs for non-appearance or if the defendant fails to follow all instructions or should the court forfeit bond.
- Payment of any unpaid premium if defendant fails or is unable to pay.
- If it becomes necessary to apprehend and surrender the defendant to the court and all expenses incurred as a result of forfeiture
- If a forfeiture occurs, I give Statewide Bail bonds LLC and/or its agents the right to search any residence of mine or place of residence know to be occupied by me for said defendant, and if defendant is not surrendered with in time prescribed by law, I will pay the FULL amount of the bond, including unpaid premium, attorney fees, court costs, interest and investigators fees.
- Statewide Bail Bonds LLC must be notified within 72 hours of any change of address or telephone number for cosigners and defendant

SIGNATURE _____