

STATEWIDE BAIL BONDS LLC.
PHONE (860) 440-6039 FAX (860) 447-2809
WWW.STATEWIDEBAILBONDS.COM
DEFENDANT AUTHORIZATION FORM

DEFENDANT NAME _____

AGENT NAME _____

By signing my name below, on this date, I authorize the bail bond agent named herein to execute bail bonds on behalf of myself or the person I represent. I understand that this will begin the bail bonds process.

NOTE: If I am signing this for form as a duly designated representative of the defendant, I certify that I am at least 18 years of age and that I have full permission of the defendant to enter into this agreement.

X _____

Signature of Defendant or Authorized Representative

Date

X _____

Printed Name

X _____

Signature of Bail Agent

Bail Agent License number