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**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*

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*Bail Agent License number*

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