

Case # \_\_\_\_\_

Docket # \_\_\_\_\_

Aw Shucks Bail Bonding Company  
APPLICATION FOR BAIL BONDING AND DEFENDANT AGREEMENT

Power # \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_ I the undersigned, do hereby apply to you to act as my bail in the \_\_\_\_\_ Court in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of Mississippi wherein I am charged with the offense of \_\_\_\_\_

Amount of bond \$ \_\_\_\_\_ Driver's License # \_\_\_\_\_

I understand and agree that you, as my bail, shall have control and jurisdiction of me during the term for which the bond is executed and that you will have the right to surrender me on this bond at any time you may desire, as provided by law. I understand and agree that the bond premium is fully earned upon execution of bond.

I further agree and understand that I will not leave the jurisdiction of the court without the permission of the bondsman, nor commit any further offenses that will subject me to any subsequent arrest by any authority, not fail to pay any premium due and I will notify my bondsman promptly of any change of address or telephone number and carefully comply with all specific instructions given me by bondsman. FURTHER, I understand and agree that failure to comply with any of the herein contained shall be cause for my immediate surrender without any liability for the return of any premium.

Bond fee charged \$ \_\_\_\_\_ Cash payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years \_\_\_\_\_ Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Employer Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Place born \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Nationality \_\_\_\_\_

Identification Marks \_\_\_\_\_

Appear in Court \_\_\_\_\_ AM/PM \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Children Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Children Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sister's Name \_\_\_\_\_ Address \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Brother's Name \_\_\_\_\_ Address \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PH(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best Friend \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

PH (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant's Signature \_\_\_\_\_