

Aw Shucks Bail Bonds, Indemnitor's Information Statement

(Please Print)

First Names: _____ Middle Name: _____ Last Name: _____
Street Address: _____ Apt# _____
City _____ State _____ Zip Code _____
Maiden Name: _____ Birthday: _____ M _____ D _____ Yr _____
Relation to Defendant _____ Ph: (_____) _____ -- _____
SSN: _____ -- _____ -- _____ Weight: _____ Height: _____ Eye Color _____
Gender _____ Race _____ Hair Color _____ Alias _____ Marital Status _____
Spouse Name: _____ (F) _____ (M) _____ (L) _____
Driver License Number: _____ State _____ D/L Exp Date _____
Skin Color: _____ Gender: _____ Facebook Name: _____
Employer _____ Job Title _____
Street Address _____ St _____ Zip _____
Ph: (_____) _____ - _____ Years on current Job _____ Home Owner ____Y ____N

#1 Reference Name _____ (F) _____ (M) _____ (L) _____
Address _____ City _____
State _____ Zip Code _____ Ph: (_____) _____ -- _____

#2 Reference Name _____ (F) _____ (M) _____ (L) _____
Address _____ City _____
State _____ Zip Code _____ Ph: (_____) _____ -- _____

Indemnity Agreement (Please Print)

Today's Date Month _____ Day _____ Year 20 _____
I understand that in co-signing this bond for obtaining the release of Defendant's, First and Last name: _____ that I am responsible for him/her appearing in Court each and every time he/she is ordered, also I understand that I am responsible for payment of any Court cost for non-appearance should the defendant fail to appear and the Court Forfeits the bond. Should it become necessary to apprehend and surrender the defendant to the Court I understand that I am responsible for any and all expenses incurred as a result of such forfeiture and futher, if such a forfeiture occurs and defendant is not surrendered to the Court within the time prescribed by law, I understand that I am required to pay the Full Amount of the bond posted, including unpaid premium. Collateral cannot be returned until such time that "Aw Shucks Bail Bonds" receives WRITTEN NOTICE from the Clerks of the Court verifying Exoneration. I hereby waive and all rights I may have under Title 28 Privacy Act-Freedom of information Act, Title 6, Fair Credit Reporting Act, and any such (Local and State Law). I consent to and authorize, "Aw Shucks Bail Bonds" and/or its agents to obtain any and all private or Public information and/or records concerning me from any party or agency, private or government (Local, State, Federal), including, but not limited to Social Security Records, Criminal records, Civil Records, Driving Records. Telephone Records, Medical Records, School Records, Worker Compensation Records, I authorize without reservation, any party, private or government (Local, State, Federal), contact "Aw Shucks Bail Bonds" and party