

Lightning Bail LLC

DEFENDANT BAIL AGREEMENT APPLICATION

Marketing Source: _____

Defendant		Alias		RNI / Booking #		DOB	
Street Address		City		State		Zip	
				Home Phone		Cellular Phone	
(CHECK ONE)		Own/Buying	Rent	Living with Family		Monthly payment or rent:	
						How long?	
Previous Address		City		State		Zip	
(CHECK ONE)		Own/Buying	Rent	Living with Family			
Bond Amount \$		Power Number					
Where Held			Charges			Court	
Case #		Date to Appear		Time		Arrested By	
SS#		ID			State of Issuing ID		
Citizen: Y N		Residence Alien #		Race		Email Address:	
						Facebook/Twitter:	
Sex	Height	Weight	Hair	Eyes	ID Marks / Tattoos: Y N	Where	What
Vehicle Make		Model		Year	Color	Lic # and State	
On Probation: Y N		Where		Probation Officer		Cases Pending: Y N	
Where		Prev. Bail: Y N		Where		With Whom	
Military Branch		SER #		Discharge Date		Union Member	Local
Defendant's Attorney		Street Address		City		State Zip	
						Phone	

EMPLOYMENT INFORMATION

EMPLOYMENT TYPE (CHECK ONE): W2 EMPLOYEE 1099/SELF-EMPLOYED FIXED INCOME _____

Current employer:		Phone #:		Supervisor Name and Phone #:	
Employer Address		City		State Zip	
				How long?	
Position:		(Check One)		Annual Income:	
		Hourly Salary		Other Income:	
				Source of Other Income:	
Previous employer:		Phone #:		Supervisor Name and Phone #:	
Previous Employer Address		City		State Zip	
				How long?	
Position:		(Check One)		Annual Income:	
		Hourly Salary			

BANKING AND CREDIT INFORMATION

How would you rate your credit?

Excellent

Good

Fair

Poor

BANK: _____ City _____ Checking/Savings Balance _____

CREDIT CARDS, OTHER LOANS

Name:	Account No.:	Current Balance:	Monthly payment:
Name:	Account No.:	Current Balance:	Monthly payment:
Name:	Account No.:	Current Balance:	Monthly payment:

MORTGAGE COMPANY

Name:	Address:		
Account No.:	Value:	Equity:	Amount Due:

AUTO LOANS

Name:	Account No.:	Balance:	Monthly payment:
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DEFENDANT'S FAMILY INFORMATION

Defendant's Mother's Name	Address City/State/Zip		Phone	
Defendant's Father's Name	Address City/State/Zip		Phone	
Defendant's Sibling's Name	Address City/State/Zip		Phone	
Defendant's Sibling's Name	Address City/State/Zip		Phone	
Defendant's Child's Name	Age	Address City/State/Zip	Phone	School
Defendant's Child's Name	Age	Address City/State/Zip	Phone	School
Defendant's Best Friend's Name	Address City/State/Zip		Phone	

SIGNIFICANT OTHER'S FAMILY INFORMATION

Significant Other's Name	Address City/State/Zip		Phone	
Significant Other's Employer	Address City/State/Zip		Phone	
Significant Other's Home Phone #	Significant Other's Cellular Phone #		Significant Other's Work Phone #	
Significant Other's Maiden Name	City/State Significant Other Was Born		Date Married	Where
Significant Other's Mother's Name	Address City/State/Zip		Phone	
Significant Other's Father's Name	Address City/State/Zip		Phone	
Significant Other's Siblings Name	Address City/State/Zip		Phone	
Significant Other's Siblings Name	Address City/State/Zip		Phone	

REFERRAL LIST

REFERRAL LIST			
1)	Name	Relationship	
	Address		
	Home #:	Work #	Cell #
2)	Name	Relationship	
	Address		
	Home #:	Work #	Cell #
3)	Name	Relationship	
	Address		
	Home #:	Work #	Cell #
4)	Name	Relationship	
	Address		
	Home #:	Work #	Cell #

By signing this agreement, I do hereby authorize the Company, employees or designates to conduct any and all background checks, credit checks, financial and criminal history reports or investigations or any other such report, investigation, or search as they deem necessary to the issuance, maintenance, or termination of this bond or any collection efforts thereon, or in any way connected thereto, and further authorize the release of any and all records, papers, documents, evidence, or other such material, as may be requested, including any background checks, credit checks, criminal histories etc. to it employees, or designates.

Signature: _____ Date: _____