

**ACCURATE BAIL BONDS, INC. ®**

**t/a SBI BAIL BONDS**

2 W. Washington Avenue, 2<sup>nd</sup> Floor, Washington, N.J. 07882

(908) 689-8770 FAX: (908) 689-8772

**INDEMNITOR INFORMATION**

DEFENDANT NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ CARRIER: \_\_\_\_\_

TIME AT ADDRESS: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. EMAIL: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ D.L./EXP/STATE: \_\_\_\_\_

RELATIONSHIP TO DEFENDANT: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

DO YOU OWN A CAR? YES / NO YEAR, MAKE, MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ TIME AT JOB: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

PERSONAL REFERENCES: (PROVIDE 3 NAMES, ADDRESSES, TELEPHONE NUMBERS)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

WHERE DOES THE DEFENDANT LIVE? \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WHO DOES THE DEFENDANT LIVE WITH? \_\_\_\_\_

WHO IS THE DEFENDANT'S CLOSEST FRIEND? \_\_\_\_\_

PROVIDE THE DEFENDANT'S CHILDREN'S NAMES, AGES AND D.O.B.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

DOES THE DEFENDANT HAVE ANY PENDING COURT CASES? YES / NO  
IF SO, WHAT CASE AND WHERE? \_\_\_\_\_

I UNDERSTAND MY RESPONSIBILITIES AS AN INDEMNITOR ON A BAIL BOND.

I CERTIFY THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOW DID YOU GET OUR NUMBER? \_\_\_\_\_