



Star Insurance
Address here

INDEMNITOR'S Application for Bail

1. Personal Information

Full Legal Name _____ Nicknames/Alias _____
 Social Security Number _____ Date of Birth _____
 Driver's License/ID No _____

2. Contact Information

Resident Address _____ City/State/Zip _____
 Length at Address _____ Own or Rent? _____
 Home Phone _____ Cell Phone _____
 Previous Address _____ City/State/Zip _____

3. Employer

Name of Employer _____
 Address _____ City/State/Zip _____
 Phone _____ Length at Job _____ Occupation _____
 Previous Employer _____ City/State/Zip _____

4. Defendants Information

Full Legal Name _____ Relationship to Defendant _____
 Defendant Address _____ Defendant Phone Number _____
 Who does Defendant Live With _____

5. Personal References –or Friends (Must have 3 references)

A) Name: _____ Occupation: _____ Yrs. Known _____
 Address: _____ Phone: _____

B) Name: _____ Occupation: _____ Yrs. Known _____
 Address: _____ Phone: _____

C) Name: _____ Occupation: _____ Yrs. Known _____
 Address: _____ Phone: _____

Applicant's Signature: _____ Date: _____