

Application for Appearance Bond

**INTERNATIONAL FIDELITY
INSURANCE COMPANY**
26560 AGOURA RD., CALABASAS, CA 91302
1-800-935-2245

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

1. Name and Address

Full Name: _____ Home Phone: _____
 Cell Phone: _____ E-mail: _____
 Current Address: _____
Street City State Zip

2. Residence Information / Mortgage / Landlord

How long have you lived at current address: _____ Do you: Own or Rent your home? Other _____
 Mortgage Company or Person from whom you rent: _____
 Address of Mortgage Co. or: Landlord: _____

3. Personal Description / Marks / Nicknames

Weight: _____ Height: _____ Race: _____ Date of Birth _____ Sex: Male Female
 Eye Color: _____ Hair Color _____ Citizenship Status _____ Place of Birth _____ Nickname or Alias _____
 Do you currently have any open cases? Yes No Explain _____ Are you currently on Probation/Parole? Yes No

4. Marital Status / Children

Married Divorced Separated Widowed Single Spouse's Name: _____
 Spouse's Occupation: _____ Spouse's Employer: _____ Phone: _____
 No. of Children: _____ Ages: _____ Are you responsible for anyone else's support? _____
 Child's Name: _____ Age: _____ School Attended: _____
 Child's Name: _____ Age: _____ School Attended: _____
 Child's Name: _____ Age: _____ School Attended: _____

5. Employment

Your Occupation: _____ Name of Co: _____
 Address: _____ Work Phone: _____
 How long have you worked for this co.? _____ Name of Supervisor: _____

6. Social Security # / Driver's License # / Car / Credit Cards

Social Security #: _____ Driver's Lic. #: _____ State: _____
 Describe car: Year _____ Make _____ Color _____ Model _____ Tag No: _____
 Where financed? _____ Amount Owed: \$ _____

7. Attorney

Full Name: _____ Phone: _____

8. Friends other than relatives. This section must be completed with Address and Phone

Name	Years Known	Home Address	Phone
A. _____			
B. _____			
C. _____			

9. Relatives (If not living, write deceased. Complete Fully.)

Name	Address / City / State	Phone
Father: _____		
Mother: _____		
Brother: _____		
Brother: _____		
Sister: _____		
Sister: _____		
Father-in-law: _____		
Mother-in-law: _____		
Brother-in-law: _____		
Cousin: _____		

Any false information provided on this form may cause revocation of your bond.

X _____ / _____ / _____
 Signature Date