## PERSONAL INFORMATION

Full Name						
	First	Middle		Last		
Home Address				Apti	#	
City	State	Zip Code	Ye	ears at this A	Address	
()Own ()Rent	Market Value	Mortgage Balance				
Name of Mortgag	e Company/Aparti	nent Complex/La	ndlord			
Home Phone		Cell Phone	Work Phone			
Date of Birth	Plac	e of Birth	Social Se		/ #	
Driver License #		State	State Expiration Date		Date	
Alias/Nickname _		Maid	den Name_			
Race	Gender	E-W	1ail			
Height	Weight	Hair Color		E	ye Color	
Scars ( ) Yes ( ) N	o If yes, where	Pie	ercings( ) Ye	es ( ) No If	yes, where	
Tattoos ( ) Yes ( )	No If yes, where		Description	on		
Corrective Lenses	( ) Yes ( ) No If	yes, ( ) Contac	ts ( ) Glas	sses		
EMPLOYMENT HI	<u>STORY</u>					
Current Employer	rrent Employer Supervisor's Name					
Address						
Phone	Job Title _		City How		Zip Code Shift	
Former/ Second Employer			Supervisor's Name			
Address						
Phone	Job Title		City How	State Long	Zip Code Shift	

## **CRIMINAL RECORD** Prior Arrest \_\_\_\_\_\_ Bonding Company\_\_\_\_\_ Disposition of Case Attorney's Name Prior Arrest Bonding Company Disposition of Case\_\_\_\_\_ Attorney's Name\_\_\_\_ ATTORNEY INFORMATION Attorney's Firm \_\_\_\_\_\_ Attorney's Name\_\_\_\_\_ Address Phone **AUTO INFORMATION** Vehicle 1 Make\_\_\_\_\_ Model\_\_\_\_\_ Year \_\_\_\_\_ Color\_\_\_\_\_ ( ) Own ( )Buying Do you have title ( ) Yes ( ) No If No, Financing Company\_\_\_\_\_ License Plate #\_\_\_\_\_\_State\_\_\_\_\_ VIN#\_\_\_\_\_ Insurance Agent/Company\_\_\_\_\_ Policy #\_\_\_\_\_ Phone #\_\_\_\_ Vehicle 2 Make\_\_\_\_\_ Year\_\_\_\_ Color\_\_\_\_ **SPOUSE INFORMATION**

## 

Where were you married					
	City	State	Cou	ınty	
Date of Birth	Place of Birth	f Birth Social Security #		· #	
Driver License #	State		Expiration	Date	
Spouse's Employer		Supervisor'	s Name		
Work Address					
		City	State	Zip Code	
Job Title	How Long	Shift		_	
CHILDREN INFORMATIO	<u>N</u>				
Name	Age		School	(	Grade
					<del></del>
					<del></del>
<u>REFERENCES</u>					
Name	Address, City, State, Zip C	Code	Pho	one	Relation
-					
<del></del>					
<del></del>					

Please read carefully and sign.									
, state that all the information on this form is true and correct to									
the best of my knowledge. I understand that any information found to be false or omitted from this									
form could cause the bond to be surrendered. If any information should change before the case is									
finished, I will call Merino Bail Bonds and notify them of any changes.									
l,	Social Security#	DOB							
Authorize the release of any information personal, professional and/or financial relative to myself to an agent of Merino Bail Bonds and hold them harmless from any suit that might arise from such an investigation. I encourage the cooperation of all past and current employers as well as creditors to provide all requested information and history necessary.									
Signature of Defendant		Date							
Name of Co-Signer									
For Office Use Only:									
Agent	Date of Application	SPN #							
Case #	ARREST #	XREF#							
Office Notes:									