



# LEHIGH VALLEY BAIL

DEFENDANT'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

YOUR NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APARTMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

ID/DRIVER'S LICENSE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PREVIOUS ADDRESS (IF LESS THAN 6 MONTHS) \_\_\_\_\_

MARTIAL STATUS \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

SPOUSE PHONE # \_\_\_\_\_ SPOUSE MAIDEN NAME \_\_\_\_\_

DO YOU OWN A HOME \_\_\_\_\_ DO YOU OWN A CAR \_\_\_\_\_ BANK NAME \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

### PERSONAL REFERERENCES / EMERGENCY CONTACT NUMBERS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I UNDERSTAND MY RESPOSIBILITIES AS AN INDEMNITOR ON A BAIL BONDS. I CERTIFY THAT ALL THE INFORMATION GIVEIN IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS/AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**24 Hour Service • Serving Eastern Pennsylvania Jails**

445 W.Linden Street • Allentown, PA 18102

484-223-0269 (local-inmates call collect) • 484-664-7302 (fax)

