

# TERMS AND CONDITIONS

The undersigned defendant desires (herein after call "Surety") to execute, or cause to be executed, the bond herein applied for Defendant makes answers to the questions below, and every answer is warranted to be true without any mental reservation whatever.

The following terms and conditions are an integral part of this Application for Appearance Bond No. \_\_\_\_\_ dated \_\_\_\_\_ ,

\_\_\_\_\_ for which Surety or its Agents shall receive a premium in the amount of Dollars (\$ \_\_\_\_\_ ) and the parties agree that said Appearance Bond is conditioned upon full compliance of the following:

1. Surety shall have control and jurisdiction over the Defendant during the term for which the Bond is executed and shall have the right to apprehend, arrest and surrender the Defendant to the proper officials at any time provided by law.
2. In the event surrender of Defendant is made prior to the time set for Defendant's appearances, and for reason other than as enumerated below in paragraph 3, then Defendant shall be entitled to a refund of the bond premium.
3. It is understood and agreed that the happening of any one of the following events shall constitute a breach of Defendant's obligations to Surety, and Surety shall have the right to forthwith apprehend, arrest and surrender Defendant, and Defendant shall have no right to any refund of premium whatsoever.
  - a) If Defendant shall depart the jurisdiction of the court without the written consent of the court and Surety, or its Agent.
  - b) If Defendant shall move from one address to another without notifying Surety, or its Agent in writing prior to said move.
  - c) If Defendant shall commit any act which shall constitute reasonable evidence of Defendant's intention to cause a forfeiture of said bond.
  - d) If Defendant is arrested and incarcerated for any offense other than a minor traffic violation.
  - e) If Defendant shall make any material false statement in this Application.

## DEFENDANTS PERSONAL INFORMATION

Name: \_\_\_\_\_

First Middle Last Other Names or Alias

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

City State Country

Are you a Citizen? \_\_\_\_\_ Port of Entry \_\_\_\_\_ How long in Houston? \_\_\_\_\_ From where? \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Street Apt.# City & State Zip Code

Please check one: Buying? \_\_\_\_\_ Renting? \_\_\_\_\_ Own? \_\_\_\_\_ Landlord/Mortgage Co./Apartment Complex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name Utilities are in: \_\_\_\_\_ Relation to Defendant? \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Street Apt.# City & State Zip Code

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Street Apt.# City & State Zip Code

Social Security #: \_\_\_\_\_ ID/Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Birthmarks/Scars/Tattoos \_\_\_\_\_

Employment: \_\_\_\_\_ Job Title/Description: \_\_\_\_\_ How Long? \_\_\_\_\_

Employment Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street City & State Zip Code

Supervisor: \_\_\_\_\_ Employee/Union #: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Job Title/Description: \_\_\_\_\_

Credit Card References: \_\_\_\_\_ Education: Please list last School(s)/College(s) attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

Name of Card \_\_\_\_\_

Name of Card \_\_\_\_\_

Name of Card \_\_\_\_\_

Arrest & Conviction Record: Are you on probation? \_\_\_\_\_ Parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ How long? \_\_\_\_\_

Are you on bond now? \_\_\_\_\_ If yes, what Bonding Co. & charge? \_\_\_\_\_

List any prior convictions (with dates & where): \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Have you paid his fee? \_\_\_\_\_

**DEFENDANT'S PERSONAL REFERENCES:**

RELATION	NAME	ADDRESS - STREET	CITY	STATE	ZIPCODE	PHONE NUMBER

**DEFENDANT SPOUSE/GIRLFRIEND:** \_\_\_\_\_ Maiden Name: \_\_\_\_\_ How Long? \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ID/Drivers Lic. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Spouses Personal References:**

RELATION	NAME	ADDRESS - STREET	CITY	STATE	ZIPCODE	PHONE NUMBER
FATHER:						
MOTHER:						
BROTHER/SISTER:						
FRIEND:						
FRIEND:						

**Children: Please List**

1. \_\_\_\_\_ Age: \_\_\_\_\_ School & Grade: \_\_\_\_\_ Live with?: \_\_\_\_\_  
 2. \_\_\_\_\_ Age: \_\_\_\_\_ School & Grade: \_\_\_\_\_ Live with?: \_\_\_\_\_  
 3. \_\_\_\_\_ Age: \_\_\_\_\_ School & Grade: \_\_\_\_\_ Live with?: \_\_\_\_\_

**Automobiles: Please List**

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_  
 2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_  
 Lien Holder: \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_

The Defendant hereby warrants that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be relied on fully. In addition, the Defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the State Department of Disability Insurance, the United States Armed Forces, the state Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the Defendant's whereabouts to give such information to Judy Grandmason-Warren, Agent for International Fidelity Ins. Co. and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing his/her appearance and/or apprehension for Court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant hereby waives his/her rights with respect to the Privacy Act and authorizes the use of copies of this document by Judy Grandmason-Warren, Agent for International Fidelity Ins. Co. and its assigns and/or duly authorized representatives.

\_\_\_\_\_  
 Defendant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employee Initials