

DEFENDANT'S NAME	POWER OF ATTORNEY NO.	AMOUNT	EXEC. DATE	ARR. DATE
BOOKING NAME		AKA NAME(S)		

BOOKING INFORMATION

BOOKING # _____ WHERE HELD _____ CHARGES _____
 COURT _____ JUD. DIST. _____ AT _____ COUNTY _____
 CASE # _____ DATE TO APPEAR _____ TIME _____ F.B.I.# _____ C.I.I.# _____
 ARRESTED BY _____ WHERE ARR. _____
 CO-DEFENDANTS _____

DEFENDANT INFORMATION

ST. ADD. _____ CITY _____ PHONE _____ HOW LONG _____
 FORMER ADD. _____ HOW LONG _____
 YEARS IN CITY _____ COUNTY _____ STATE _____ LAST COUNTY _____ LAST STATE _____
 EMPLOYED BY _____ OCC. _____ PHONE _____ HOW LONG _____
 EMPLOYER'S ADD. _____ SUPERIOR _____ HOW LONG _____
 PREV. EMPLOYER _____ ADDRESS _____ WHEN _____
 D.O.B. _____ SEX _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ S.S.# _____ D.L.# _____
 I.D. MARKS _____ RACE _____ MOUSTACHE _____ GLASSES _____ WHERE BORN _____
 PREV. ARREST CHR.G. _____ COURT _____ COUNTY _____ WHEN _____
 DISPOSITION _____ PREV. BAIL _____ WITH WHOM _____ AMT. _____ CASE PENDING _____
 ON PROBATION _____ WHERE _____ PROBATION OFFICER _____
 WHERE ARRESTED _____ CO-DEFENDANTS _____
 VEHICLE MAKE _____ MODEL _____ YEAR _____ COLOR _____ LIC.# _____
 MILITARY BRANCH _____ SER.# _____ DISCHARGE DATE _____ UNION _____ LOCAL _____

DEFENDANT'S FAMILY INFORMATION

SPOUSE _____ ADDRESS _____ PHONE _____ HOW LONG _____
 EMPLOYER _____ ADDRESS _____ PHONE _____ HOW LONG _____
 MARRIAGE DATE _____ WHERE _____ MAIDEN NAME _____ D.O.B. _____
 PREV. SPOUSE _____ ADDRESS _____ CITY _____ PHONE _____
 CHILDREN'S NAME(S) & AGE(S) _____
 MOTHER _____ ADDRESS _____ PHONE _____
 FATHER _____ ADDRESS _____ PHONE _____
 SPOUSE'S MOTHER _____ ADDRESS _____ PHONE _____
 SPOUSE'S FATHER _____ ADDRESS _____ PHONE _____
 DEFENDANT'S BROTHER _____ ADDRESS _____ PHONE _____
 DEFENDANT'S SISTER _____ ADDRESS _____ PHONE _____
 BEST FRIEND _____ ADDRESS _____ PHONE _____
 DEFENDANT'S ATTORNEY _____ CITY _____ PHONE _____

SIGNATURE OF DEFENDANT DATE

INDEMNITOR INFORMATION

INDEMNITOR'S NAME _____ D.O.B. _____ S.S.# _____ D.L.# _____
 ADDRESS _____ PHONE _____ REL. TO DEF. _____
 EMPLOYED BY _____ ADDRESS _____ PHONE _____
 OCCUPATION _____ HOW LONG _____ SUPERVISOR _____ MONTHLY INCOME _____
 BANK _____ BRANCH _____ ACCT.# _____ TYPE _____ BALANCE _____
 SPOUSE _____ ADDRESS _____ PHONE _____
 EMPLOYED BY _____ ADDRESS _____ PHONE _____
 VEHICLE MAKE _____ MODEL _____ YEAR _____ COLOR _____ LIC.# _____
 REGISTERED OWNER _____ LEGAL OWNER _____ LIENS _____
 REAL PROPERTY _____ IN WHO'S NAME _____ HOW LONG _____
 LOT _____ BLOCK _____ TRACT _____ MAPS IN BOOK _____ PG. _____
 VALUE _____ EQUITY _____ FINANCED BY _____
 NOTATIONS _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. _____
SIGNATURE OF INDEMNITOR DATE

STATEMENT OF INFORMATION REQUIRED BY SECTION 2100, CALIFORNIA ADMINISTRATION CODE

Full name of person supplying information	Name of person negotiating bail	Name of person receiving information
Address	Address	Date and time information received
Connection or relationship to defendant	Connection or relationship to defendant	Manner in which information received
If same was defendant, how did he communicate?	Name of licensee who negotiated transaction	Name of other agent involved and commission paid
If writ	Name and sum paid unlicensed persons and service performed	Was consideration other than money received? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Attorney		If yes, explain in detail and attach statement