

PROXY APPLICATION

TO BE FILLED OUT BY THE INDEMNITOR



Kiss Bail Bonds

Defendant's True Name: _____

Nickname: _____

Home Address: _____

Name of Apartment Complex: _____

Building #: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ Buying Renting

Home Phone: _____ Work Phone: _____ Cell. Phone: _____

Defendant's Date of Birth: _____

How Long Have You Known the Defendant? _____ Years

Relationship to Defendant: _____

Defendant's Occupation: _____

Employed By: _____ How Long? _____

Employer's Address _____ City: _____ State: _____ Zip Code: _____

Defendant's Vehicle Make: _____ Model: _____ Year: _____ Color: _____

ACCOMPLISHMENTS/SKILLS:

Military _____

Police _____

Martial Arts _____

PLEASE LIST PEOPLE LIVING WITH THE DEFENDANT:

1. _____ Relationship to Defendant: _____

2. _____ Relationship to Defendant: _____

3. _____ Relationship to Defendant: _____

4. _____ Relationship to Defendant: _____

5. _____ Relationship to Defendant: _____

Indemnitor Signature: _____ Date: _____

Agent Signature: _____ Date: _____