

INDEMNITOR APPLICATION FOR MATT MCKEEHAN BAIL BONDS INC

EVERYTHING ON THIS APPLICATION MUST BE FILLED OUT AND LEGIBLE. ANY QUESTIONS, PLEASE ASK.

1. INDEMNITOR'S NAME _____ ALIASES OR MAIDEN _____

HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____ BIRTH PLACE _____

EMAIL _____ FACEBOOK _____

RELATIONSHIP TO DEF _____ HOW LONG _____ DOB ____/____/____ S.S.N. _____ - _____ - _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

2. CURRENT ADDRESS (A) _____ CITY _____ STATE _____ ZIP _____

WHO ELSE RESIDES AT THIS ADDRESS _____

DO YOU RENT, OWN, LIVE WITH SOMEONE (CIRCLE ONE) WHO'S NAME ON LEASE _____

HOUSE, TRL, APT, OR CONDO (CIRCLE ONE) HOW LONG _____ L.LORD _____ L.LORD# _____

CURRENT ADDRESS (B) _____ CITY _____ STATE _____ ZIP _____

WHO ELSE RESIDES AT THIS ADDRESS _____

DO YOU RENT, OWN, LIVE WITH SOMEONE (CIRCLE ONE) WHO'S NAME ON LEASE _____

HOUSE, TRL, APT, OR CONDO (CIRCLE ONE) HOW LONG _____ L.LORD _____ L.LORD# _____

3. HAVE YOU EVER CO-SIGNED ON A BOND WITH US BEFORE? Y or N (CIRCLE ONE) WHEN? _____

FOR WHO? _____

ARE YOU ON PROBATION or PAROLE (CIRCLE ONE OR BOTH) IF YES, WITH WHOM? _____

PROBATION OFFICER NAME _____ FEL OR MIS (CIRCLE ONE)

ARE YOU OUT ON BOND? Y or N (CIRCLE ONE) WITH WHOM? _____

IS THE DEFENDANT ON PROBATION or PAROLE or NONE (CIRCLE ONE) IF YES, WHICH COUNTY? _____

PROBATION OFFICER NAME _____ FEL OR MIS (CIRCLE ONE)

IS THE DEFENDANT ON BOND PRIOR TO THIS? Y or NO (CIRCLE ONE) WITH WHOM? _____

DOES DEFENDANT HAVE ANY OPEN CASES IN COURT ANYWHERE? Y or N (CIRCLE ONE)

WHERE? _____ FOR WHAT _____

LIST YOUR CURRENT VEHICLE OR THE ONE YOU DRIVE

4. VEHICLE YEAR _____ MAKE _____ MODEL _____ COLOR _____ TAG# _____ STATE _____

REGISTERED OWNER'S NAME _____ CONTACT NUMBER (____) _____ - _____

5. EMPLOYED BY _____ WORK PH# (____) _____ - _____ HOW LONG _____

OCCUPATION _____ SUPERVISOR _____

WORK ADDRESS _____ CITY _____ ST _____ ZIP _____

6. SPOUSE/GIRLF/BOYF/PARTNER (CIRCLE ONE) NAME _____ HOME PH# (____) _____ - _____

CELL PH# (____) _____ - _____ ADDRESS _____ APT/LOT _____ CITY _____

STATE _____ ZIP _____ WORK _____ WORK PH# (____) _____ - _____

7. CHILDREN YES or NO (CIRCLE ONE)

NAME _____ AGE _____ OTHER PARENT _____

OTHER PARENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

OTHER PARENT HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____ WORK# (____) _____ - _____

NAME _____ AGE _____ OTHER PARENT _____

OTHER PARENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

OTHER PARENT HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____ WORK# (____) _____ - _____

APPLICATION VERIFIED BY _____

7B. CHILDREN

NAME _____ AGE _____ OTHER PARENT _____

OTHER PARENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

OTHER PARENT HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____ WORK# (____) _____ - _____

NAME _____ AGE _____ OTHER PARENT _____

OTHER PARENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

OTHER PARENT HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____ WORK# (____) _____ - _____

8. FAMILY

MOTHER _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

FATHER _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

SISTER OR BROTHER _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

SISTER OR BROTHER _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

REFERENCES AND ADDITIONAL FAMILY MEMBERS: ALL REFERENCES MUST HAVE SEPARATE ADDRESS

NAME _____ **RELATION** _____ **ADDRESS** _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

NAME _____ **RELATION** _____ **ADDRESS** _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

NAME _____ **RELATION** _____ **ADDRESS** _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____

WORK _____ ADDRESS _____ WORK# (____) _____ - _____

NAME _____ **RELATION** _____ **ADDRESS** _____

CITY _____ STATE _____ ZIP _____ HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____


WORK _____ ADDRESS _____ WORK# (____) _____ - _____

CAUTION: READ BEFORE SIGNING

I, THE UNDERSIGNED, SWEAR THE INFORMATION GIVEN IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT, TOO KNOWINGLY AND PURPOSELY GIVE FALSE OR INCOMPLETE INFORMATION ON THIS OR ANY OTHER BAIL BOND DOCUMENT, I CAN BE CHARGED A FELONY IN THE THIRD DEGREE.

INDEMNITOR'S SIGNATURE _____ **DATE** ____/____/____

APPLICATION VERIFIED BY _____

SEE BACK 

INDEMNITY AGREEMENT FOR MATT MCKEEHAN BAIL BONDS INC

INDEMNITOR _____ DOB ____/____/____ S.S.N. ____-____-____

DEFENDANT _____ COURT _____

- 1. CONSIDERATION. THE CONSIDERATION OR CAUSE OF THE AGREEMENT IS THE POSTING OF A BAIL BOND BY SURETY ON BEHALF OF DEFENDANT IN THE ABOVE NAMED BOX.
2. INDEMNIFICATION. I, THE UNDERSIGNED, HEREBY AGREE TO SAVE AND HOLD THE SURETY AND ITS AGENT/OR ASSIGNS FROM ANY LOSS WHATSOEVER RESULTING FROM THE FAILURE OF THE ABOVE NAMED DEFENDANT TO APPEAR IN COURT AS ORDERED.
3. JURISDICTION AND VENUE. I, THE UNDERSIGNED, HEREBY AGREE AND STIPULATE THAT ANY COURT OF PROPER JURISDICTION WITHIN THE COUNTY OF ESCAMBIA, STATE OF FLORIDA IN A CONVENIENT AND PROPER FORUM TO LITIGATE ANY DISPUTE UNDER THIS AGREEMENT.
4. WAIVER AND AUTHORIZATION. I, THE UNDERSIGNED, HEREBY WAIVE ANY AND ALL RIGHTS, BENEFITS AND PROTECTION PROVIDED TO ME PURSUANT TO THE FAIR DEBT COLLECTION ACT AND OTHER SIMILAR STATE AND/OR LOCAL STATUTE.
5. SEVERABILITY. THE PROVISIONS OF THIS AGREEMENT ARE SEVERABLE AND IF FOR ANY REASON ANY PROVISIONS OF THIS AGREEMENT SHALL BE DECLARED INVAID OR UNENFORCEABLE, THEN SUCH PROVISION OR PROVISIONS SHALL BE CONSIDERED AS NOT WRITTEN AND THE REMAINDER OF THIS AGREEMENT SHALL REMAIN VALID AND ENFORCEABLE.

INDEMNITOR'S SIGNATURE _____ (SEAL) DATE _____

PROMISSORY NOTE

\$ _____ DATE _____

FOR VAULE RECEIVED, I, THE UNDERSIGNED, UNCONDITIONALLY PROMISE TO PAY TO THE BEARER ON DEMAND, THE AMOUNT OF _____, WITH INTEREST AFTER DEMAND IN THE AMOUNT OF 12%. THE MAKER OF THIS NOTE AND ENDORSERS, GUARANTORS AND SURETIES HEREON SEVERALLY WAIVE PRESENT FOR PAYMENT, NOTICE OF NON-PAYMENT, PROTEST, NOTICE OF PROTEST, CITATION, AND SERVICE PETITION, ALL LEGAL DELAYS AND CONFESS JUDGMENT IN FAVOR OF ANY LEGAL HOLDER, AND ALL PLEAS OF DIVISION AND DISCUSSION AND AGREE THAT THE TIME OF PAYMENT HEREOF MAY BE EXTENDED FROM TIME TO TIME, ONE OR MORE TIMES, WITHOUT NOTICE OF EXTENSION OR EXTENSIONS AND WITHOUT PREVIOUS CONSENT HEREBY BINDING THEMSELVES IN SOLIDO, UNCONDITIONALLY AND AS ORGINAL PROMISORS, FOR THE PAYMENT THEREOF IN PRINCIPLE, INTEREST, COST AND ATTORNEY'S FEES. NO DELAY ON THE PART OF THE HOLDER HEREOF AND EXERCISING ANY RIGHTS HEREUNDER SHALL OPERATE AS A WAVIER OF SUCH RIGHTS.

SHOULD THIS NOTE NOT BE PAID AT MATURITY OR WHEN DUE OR DEMANDABLE, AS HEREIN PROVIDED, OR SHOULD THIS NOTE BE PLACED IN THE HANDS OF AN ATTORNEY FOR ANY REASON, THE MAKER, ENDORSERS, GUARANTORS AND SURETIES AND EACH OF THEM HEREBY AGREE TO PAY THE FEES OF SUCH ATTORNEY WHICH ARE FIXED AT 18% ON THE AMOUNT THEN DUE ON THIS NOTE TOGETHER WITH INTEREST AND ALL COST.

A MARRIED PERSON SIGNING THIS NOTE IS ACTING FOR AND ON BEHALF OF THE COMMUNITY OF ASSETS AND GAIN EXISTING BETWEEN HIM/HER AND HIS/HER HUSBAND/WIFE AND ALSO BINDS HIM/HER WITH RESPECT TO HIS/HER SEPARATE AND PARAPHERNAL PROPERTY. THE PROVISIONS OF THIS NOTE ARE SERVERABLE AND IF FOR ANY PROVISION OF THIS NOTE SHALL BE DECLARED INVALID OR UNENFORCEABLE, THEN SUCH PROVISIONS SHALL BE CONSIDERED AS NOT WRITTEN AND THE REMAINDER OF THIS NOT SHALL REMAIN VALID AND ENFORCEABLE.

INDEMNITOR'S SIGNATURE _____ (SEAL) DATE _____

*WARNING *WARNING *WARNING*

I, _____ UNDERSTAND BY SIGNING AS A CO-SIGNER ON THIS BAIL BOND(S), I AM FULLY RESPONSIBLE FOR THE DEFENDANT'S APPERARANCE IN COURT ON EACH COURT DATE UNTIL THE COURT ENTERS DISPOSTION ON THE CASE. I FURTHER UNDERSTAND THAT ALL MONEY OWED TO MATT MCKEEHAN BAIL BONDS IS MY RESPONSIBILITY TO PAY, EVEN IF THE BOND IS REVOKED, OR THE DEFENDANT IS ARRESTED ON NEW CHARGES.

903.035(3) "ANY PERSON WHO INTENTIONALLY PROVIDES FALSE OR MISLEADING MATERIAL INFORMATION OR INTENTIONALLY OMITTS MATERIAL INFORMATION IN CONNECTION WITH AN APPLICATION FOR BAIL OR FOR MODIFICATION OF BAIL IS GUILTY OF MISDEMEANOR OR FELONY WHICH IS ONE DEGREE LESS THAN THAT OF THE CRIME CHARGED FOR WHICH BAIL IS SOUGHT, BUT WHICH IN NO EVENT IS GREATER THAN A FELONY OF THE THIRD DEGREE".

** UNDER NO CIRCUMSTANCES WILL THE BOND PREMIUM BE RETURNED TO THE CO-SIGNER OR THE DEFENDANT***

(C/S)(PRINT) _____ (SIGN) _____ DATE _____

APPLICATION VERIFIED BY _____