

DEFENDANT APPLICATION FOR MATT MCKEEHAN BAIL BONDS INC

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

1. DEFENDANT'S NAME _____ ALIASES OR MAIDEN _____
HOME PH# (____) _____ - _____ CELL PH# (____) _____ - _____ BIRTH PLACE _____
EMAIL _____ FACEBOOK _____
DOB ____/____/____ S.S.N. _____ - _____ - _____ RACE _____ SEX _____
WEIGHT _____ HEIGHT _____ EYES _____ HAIR _____
TATTOOS/SCARS/MARKS _____

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# _____
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# _____

3. HAVE YOU EVER BONDED WITH US BEFORE YES/NO (CIRCLE ONE) IF YES, WHEN _____
HAVE YOU CO-SIGNED ON A BOND YES/NO (CIRCLE ONE) WHEN? _____
FOR WHO? _____
ARE YOU ON PROBATION or PAROLE or NONE (CIRCLE ONE) IF YES, WHICH COUNTY _____
PROBATION OFFICER NAME _____ FEL OR MIS (CIRCLE ONE) _____
ARE YOU OUT ON BOND PRIOR TO THIS DATE? Y or N (CIRCLE ONE) WITH WHOM? _____
DO YOU HAVE ANY ACTIVE CASES GOING ON ANYWHERE? Y or N (CIRCLE ONE)
WHERE? _____ FOR WHAT? _____

4. DO YOU HAVE AN ATTORNEY (PUBLIC DEFENDER/PRIVATE) (CIRCLE ONE) NAME _____
HAVE YOU EVER FAILED TO APPEAR IN COURT BEFORE YES or NO (CIRCLE ONE) IF YES, WHEN _____ WHERE _____

LIST YOUR CURRENT VEHICLE OR THE ONE YOU DRIVE

5. VEHICLE YEAR _____ MAKE _____ MODEL _____ COLOR _____ TAG# _____ STATE _____
REGISTERED OWNER'S NAME _____ CONTACT NUMBER (____) _____ - _____

6. EMPLOYED BY _____ WORK PH# (____) _____ - _____ HOW LONG _____
OCCUPATION _____ SUPERVISOR _____
WORK ADDRESS _____ CITY _____ ST _____ ZIP _____

7. SPOUSE/GIRLF/BOYF/PARTNER (CIRCLE ONE) NAME _____ HOME PH# (____) _____ - _____
CELL PH# (____) _____ - _____ ADDRESS _____ APT/LOT _____ CITY _____
STATE _____ ZIP _____ WORK _____ WORK PH# (____) _____ - _____

8A. 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# (____) _____ - _____

8B. 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# (____) _____ - _____

9. 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 TO KNOWINGLY AND PURPOSELY GIVE FALSE OR INCOMPLETE INFORMATION ON THIS OR ANY OTHER BAIL BOND DOCUMENT, I CAN BE CHARGED WITH A FELONY IN THE 3RD DEGREE. I UNDERSTAND THAT PURSUANT TO STATUTE 843.15 (BOND JUMPING) I CAN BE CHARGED WITH A FELONY OF THE 3RD DEGREE

DEFENDANT'S SIGNATURE _____ DATE ____/____/____

APPLICATION VERIFIED BY _____

SEE BACK 

DEFENDANT AGREEMENT FOR MATT MCKEEHAN BAIL BONDS INC

DEFENDANT _____ DOB ____/____/____ S.S.N. _____ 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. I, THE UNDERSIGNED, HEREBY AGREE TO PAY ALL COST ASSOCIATED WITH THE FAILURE OF THE ABOVE NAMED DEFENDANT TO APPEAR IN COURT AS ORDERED. IN U.S. CURRENCY TO SURETY, IT'S AGENT AND/OR ASSIGNS UPON THE FAILURE OF THE ABOVE NAMED DEFENDANT TO APPEAR IN COURT AS ORDERED. A COPY OF A JUDGEMENT OF BOND FORFEITURE NAMING THE ABOVE NAME DEFENDANT SHALL BE PRIMA FACIE EVIDENCE OF LOSS SUSTAINED BY SURETY AND ITS AGENTS AND/OR ASSIGNS.
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. ADDITIONALLY, I HEREBY AUTHORIZE THE HOLDER OF THIS INSTRUMENT TO UTILIZE ANY INFORMATION GIVEN ABOUT TO PURSUE THE COLLECTION OF ANY DEBT THAT MAY BE OWED.
5. **SEVERABILITY.** THE PROVISIONS OF THIS AGREEMENT ARE SEVERABLE AND IF FOR ANY REASON ANY PROVISIONS OF THIS AGREEMENT SHALL BE DECLARED INVAILD OR UNENFORCEABLE, THEN SUCH PROVISION OR PROVISIONS SHALL BE CONSIDERED AS NOT WRITTEN AND THE REMAINDER OF THIS AGREEMENT SHALL REMAIN VALID AND ENFORCEABLE.

DEFENDANT'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.

DEFENDANT'S SIGNATURE _____ (SEAL) DATE _____

WARNING *WARNING *WARNING

I, _____ UNDERSTAND BY SIGNING AS THE DEFENDANT ON THIS BAIL BOND(S), THE CO-SIGNER AND I ARE FULLY RESPONSIBLE FOR THE APPERARANACE IN COURT ON EACH COURT DATE UNTIL THE COURT ENTERS DISPOSITION 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 I AM ARRESTED ON NEW CHARGES.

903.035(3) "ANY PERSON WHO INTENTIONALLY PROVIDES FALSE OR MISLEADING MATERIAL INFORMATION OR INTENTIONALLY OMITS 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****

(DEF)(PRINT) _____ (SIGN) _____ DATE _____

APPLICATION VERIFIED BY _____