

MIAMI VICE BAIL BONDS

15600 SW 288th St STE 404

Homestead, FL 33033

Indemnitor Name: _____ Relationship: _____

Email: _____ SSN#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ DL#: _____

Employer name _____

Address: _____ City: _____ State: _____ Zip: _____

Family References:

- Name: _____ Relationship: _____
Phone #: _____ Years know: _____
- Name: _____ Relationship: _____
Phone #: _____ Years know: _____
- Name: _____ Relationship: _____
Phone #: _____ Years know: _____

Defendant Name: _____ Significant Other: _____

Email: _____ SSN#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ DL #: _____

Employer name _____

Address: _____ City: _____ State: _____ Zip: _____

Personal References: (not related)

- Name: _____ Relationship: _____
Phone #: _____ Years know: _____
- Name: _____ Relationship: _____
Phone #: _____ Years know: _____
- Name: _____ Relationship: _____
Phone #: _____ Years know: _____

Full Bond Amount: \$ _____ Case number#: _____

The undersigned, as the Indemnitor, and the Defendant, accepts and agrees to all the bond terms and financial obligations. The above Indemnitor, and Defendant agrees to indemnify and hold harmless the surety or its agents for all the losses in connection with this bond(s) not otherwise prohibited by law. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. All information requested is regarding the Indemnitor and defendant only. Information provided is for underwriting purposes and is kept confidential. Premium on this bond is not returnable except as provided by the rules and regulations.

Indemnitor's Signature: _____ Date: _____

Defendant's Signature: _____ Date: _____