

THANK YOU FOR CHOOSING



FOR YOUR BAIL BOND NEEDS!

**WE OFFER FAST, COURTEOUS
& CONFIDENTIAL SERVICE**

24/7!

**THE FOLLOWING INFORMATION MUST BE
COMPLETED ENTIRELY IN ORDER TO COMPLETE
YOUR BOND TRANSACTION!**

**312 E. MARKET STREET
SMITHFIELD, NC 27577**

**P.O. BOX 955
919-333-3293
919-884-6578**



BAIL BOND APPLICATION CO -SIGNER-INDEMNITOR INFORMATION **PRINTCLEARLY******

Name _____ A.K.A. _____ D.O.B. ___/___/___ SS# _____ - _____ - _____
 Address _____ City _____ State _____ Zip _____ How Long _____ m/y
 Rent or Own? Landlord/Mortgage Company _____ Phone # _____
 Description of Home: House/Double Wide/Single Wide/ Apartment Color of Home _____
 HOME # _____ - _____ - _____ CELL# _____ - _____ - _____ RELATIONSHIP _____

Gender _____ Race _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
 Tattoos? If so, where _____ Description _____. If you have more than one, describe one that is visible.
 Email Address _____ Facebook _____

Vehicle Information Make _____ Model _____ Year _____ Color _____ Tag _____
 Driver's License # _____ State _____

Current Employer _____ Work # _____ / _____ / _____
 Address _____ City _____ State _____ ZIP _____
 Supervisor _____ Supervisor phone # if different from above _____ / _____ / _____

Are you on Probation? Yes or No

Probation Officer's Name _____ Phone # _____ County _____

Are you out on Parole? Yes or No

Parole Officer's Name _____ Phone # _____ County _____

YOU MUST HAVE EIGHT REFERENCES TO COMPLETE YOUR BAIL BOND APPLICATION

REFERENCES	NAME	PHONE #	ADDRESS
Spouse			
Girlfriend			
Boyfriend			
Baby Mama			
Baby Daddy			
Mother			
Father			
Grandmother			
Grandfather			
Brother			
Sister			
Aunt			
Uncle			
Neighbor			
Friend			
Friend			
Friend			
Adult Children			
Adult Children			
Children			
Children			

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER UNDERSTAND THAT ANY INFORMATION FOUND TO BE FALSE WILL RESULT IN THE DEFENDANT BEING RE-ARRESTED AND ALL BOND PREMIUM MONIES WILL BE FORFEITED.

DATE: _____ / _____ / _____ SIGNATURE _____

PLEASE READ CAREFULLY, YOU ARE ASSUMING A LEGAL OBLIGATION!

DEFENDANT AND INDEMNITOR AGREEMENT AND GUARANTY

I, _____, (Indemnitor), _____ (Indemnitor) and _____ (Defendant) in consideration of *DNA Bail Bonds/United States Fire Insurance Company and/or U.S. Specialty Insurance Company* acting and being obligated as surety on bail bond for _____ in the amount of \$_____ do guarantee the payment of said bond to the above named Surety in the event of forfeiture by the above named principle. I specifically waive notice of acceptance of this guaranty, acknowledge myself not to exceed the amount of forfeiture ordered thereunder, and I do hereby agree to indemnify and hold harmless the above Bail Bondsman for such amounts required to pay upon forfeiture. This agreement is voided upon termination of liability on the bail bond as provided by North Carolina Administrative Code T11 13.0512.

In making this application for Bail Bonds, each of us warrants all statements made by him or her on this application to be true, and we agree to advise *DNA Bail Bonds* of any changes, including but not limited to change of address, phone number or employment for the Defendant.

§ 58-71-20. Surrender of defendant by surety; when premium need not be returned.

At any time before there has been a breach of the undertaking in any type of bail or fine and cash bond the surety may surrender the defendant to the sheriff of the county in which the defendant is bonded to appear or to the sheriff where the defendant was bonded; in such case the full premium shall be returned within 72 hours after the surrender. The defendant may be surrendered without the return of premium for the bond if the defendant does any of the following:

- (1) Willfully fails to pay the premium to the surety or willfully fails to make a premium payment under the agreement specified in G.S. 58-71-167.
- (2) Changes his or her address without notifying the surety before the address change.
- (3) Physically hides from the surety.
- (4) Leaves the State without the permission of the surety.
- (5) Violates any order of the court.
- (6) Fails to disclose information or provides false information regarding any failure to appear in court, any previous felony convictions within the past 10 years, or any charges pending in any State or federal court.
- (7) Knowingly provides the surety with incorrect personal identification, or uses a false name or alias. (1963, c. 1225, s. 5; 1975, c. 619, s. 1; 1998-211, s. 30; 2001-269, s. 2.3; 2007-399, s. 1.)

This is the _____ day of _____, 2015

AUTHORIZATION RELEASE OF INFORMATION FOR THE PURPOSE OF LOCATING OR COLLECTING MONIES OWED.

I hereby authorize DNA Bail Bonds, or any of their agents to contact any person, employer, company, bureau, corporation, agency, hospital, educational institution, or any other facility or person for any information as to my person, whereabouts or background to *DNA* Bail Bonds or any of their agents. I HEREBY RELEASE ANY OF THE ABOVE FROM ANY OF THE ABOVE FROM ANY AND ALL RESPONSIBILITY AND LIABILITY. I freely and voluntarily give this authorization as a condition of the above mentioned bond to *DNA* Bail Bonds or their agents. This authorization will suffice for release of information under my true name or any alias I may use. I have read and fully understand the terms of this release. Upon receiving forfeiture on the above Principle, *DNA* Bail Bonds will go to all lengths to locate either party, whether it's the indemnitor or Defendant and it shall not be considered harassment. We will attempt to locate these individuals through location, phone calls, internet and any means necessary in order to satisfy the above said bond obligation.

Indemnitor Signature _____

Defendant Signature _____

Indemnitor Signature _____

Bondsman Signature _____

****PRINT CLEARLY****

DEFENDANT INFORMATION

Name _____ A.K.A. _____ D.O.B. ____/____/____

Social Security # ____/____/____

Address _____ City _____ State _____ How Long @ _____ m/y

Rent or Own? Landlord/Mortgage Company _____ Contact # _____

Description of Home: House/Double Wide/Single Wide/ Apartment Color of Home _____

HOME # ____/____/____ CELL# ____/____/____

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Grandmother			
Grandfather			
Brother			
Sister			
Aunt			
Uncle			
Neighbor			
Friend			
Friend			
Friend			
Adult Children			
Adult Children			
Children			
Children			

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DATE: ____/____/____ SIGNATURE _____

CONFIDENTIAL LOCATION ADDENDUM FOR DEFENDANT *INDEMNITO

I, the undersigned, do hereby agree that _____ (Agency); will act as the Principle's bail bond and as part of that agreement, they will be able to use location technologies to locate my wireless device at any time during the period of the Principle's bail.

The following privacy/terms and conditions are an integral part of this addendum and bond(s) is conditioned upon full compliance by the principle of all said terms and conditions and is a part of said bonds and application therefore:

1. The Agency will use network-based location technologies to find me solely at their discretion.
2. This addendum will service as the sole notice for the collection of location information for me until the Principle's bond liability is fully discharged.
3. The Agency will only retain location data while the bail bond is actively in force.
4. The Agency will only disclose location information to the courts as required by court order.
5. The Agency will be the only person(s) with access to location information for me.
6. I WILL NOT have the option to OPT-OUT of location use during the period of bail.
7. All questions relating to location capability should be directed to the Agency.

Name _____

Address _____

Mobile Telephone Number _____ / _____

1. AGENCY to call mobile telephone number when application is completed to ensure accuracy of the phone number.
2. If an incorrect phone number is provided by me that would constitute a material false statement in the application and result in the AGENCY having the right to legal remedies.

X _____
Signature of Defendant

X _____
Signature of Co-Signer