



Bondsman Name: Fred Shanks, IV Phone #: 336-394-8890

Email: fshanksiv@apexbailbond.com

Defendant's Name:

Requested Bond Amount Original Amount (if reduced)

County: State Date Arrested How old are charges

Out of State (circle one): Yes No **Out of County**: Yes No **Fugitive Warrant**: Yes No

Charges:

Attorney Retained: Yes No Attorney Attorney #

Attorney Fees Paid: Yes No Name of Law Firm:

Mandatory Sentence: Yes No Min/Max Sentence:

Prior Time Served: When: Where:

Most Serious Prior Arrests:

PLEGGED PROPERTY INFORMATION

1. Owner(s) Name:
Address:
Purchase Date: Tax Value:
Purchase Price: Taxes Up to Date: Y N
Current Value: Lien/Mortgage Amt:
Net Equity: Verify Mortgages/Taxes are
Current: Y N

2. Owner(s) Name:
Address:
Purchase Date: Tax Value:
Purchase Price: Taxes Up to Date: Y N
Current Value: Lien/Mortgage Amt:
Net Equity: Verify Mortgages/Taxes are
Current: Y N

3. Owner(s) Name:
Address:
Purchase Date: Tax Value:
Purchase Price: Taxes Up to Date: Y N
Current Value: Lien/Mortgage Amt:
Net Equity: Verify Mortgages/Taxes are
Current: Y N

4. Owner(s) Name:
Address:
Purchase Date: Tax Value:
Purchase Price: Taxes Up to Date: Y N
Current Value: Lien/Mortgage Amt:
Net Equity: Verify Mortgages/Taxes are
Current: Y N

****Property Owners must be listed as indemnitors also to verify contact information***

Indemnitor 1

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 2

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 3

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 4

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 5

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 6

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 7

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2

Indemnitor 8

Name: Phone:
Address:
Rent Own DOB: SSN:
Relationship to Defender: Employer:
Job Title: How Long: Monthly Income:
Job #2 (if applicable)
Property #2