

AGENT George Osei Gyamfi

DATE OF APPLICATION _____

Defendants Full Name (First, Middle, Last) _____

Alias/Nickname/Street Name _____ Home Phone # _____

Social Sec. No. _____ Date of Birth _____ Place of Birth _____ Race _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Scars/Tattoos/Marks _____

Address _____ Apt. # _____ () Own () Rent Landlord _____

City _____ State _____ Zip Code _____ Previous Address _____

Offence _____ Case# _____ Power # _____ Amount \$ _____ Premium \$ _____

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Total Amount \$ _____ Total Prem. \$ _____

Court _____ Appearance Date _____ Time _____

Present Occupation(s) _____ Previous Occupation _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____ Phone _____

Previous Employer _____ How Long _____

Union _____ Local # _____

Spouse Full Name _____ Date of Birth _____ Social Sec No. _____

Maiden Name _____ Occupation(s) _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____ Phone _____

Children's Name	Age	Address, City, State, Zip	School/Employer	Phone

Auto Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Amount Owed _____ Lien Holder _____

Insurance Agent & Company _____

Driver's License # _____ State _____ Expiration Date _____

Previous Arrests for _____ Where _____

On Probation/Parole _____ Where _____ Probation/Parole Officer _____

Credit Card Company _____ Account# _____

Credit Card Company _____ Account# _____

Attorney _____ Address _____ Phone _____

Relatives/Friends	Address, City, State, Zip	Phone
Mother		
Father		
Sibling		
Sibling		
Sibling		
Sibling		
M-Law		
F-Law		
Gr. Parents		
Best Friend		
Ex Spouse		

I have read and had explained to me and understand the following terms and conditions of **Financial Casualty & Surety, Inc.** (hereinafter called **Financial Casualty**) executing the above listed Surety Bail Bond(s) on my behalf:

1. **Financial Casualty** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the court and Financial Casualty as provided by law.
2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **Financial Casualty** and that **Financial Casualty** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):
 - a. If I depart the jurisdiction of the court without written consent of the court and **Financial Casualty** or its Agent.
 - b. If I shall move from one address to another or change my phone number without notifying **Financial Casualty** and/or its Agent.
 - c. If I commit any act, which shall constitute reasonable evidence of my intention to cause a forfeiture of, my bail bond(s).
 - d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
 - e. If I make any material false statement in my Surety Bail Bond Application(FCS-105) and Agreement (FCS-109) with **Financial Casualty**.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **Financial Casualty** for any reason, and I am captured by **Financial Casualty** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.

4. I hereby waive any and all rights I may have under Title 29 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **Financial Casualty** and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (Local, State, Federal), including but not limited to social security records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **Financial Casualty**, an/or its Agent, to furnish any and all private and public information and records in their possession concerning me to **Financial Casualty** and/or its Agent.

Signature of Defendant _____ Date _____