

# MCDERMOTT BAIL BONDS

Post Office Box 212979  
Royal Palm Beach, Florida 33421  
Phone (561) 833-9113 Fax (561) 833-0545

## Indemnitor Information

### 1. Name and Address

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

How long at current residence: \_\_\_\_\_ Do you \_\_\_\_\_ Own \_\_\_\_\_ Rent

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Relationship to Defendant \_\_\_\_\_ Years Known \_\_\_\_\_

### 2. Personal Description

Weight \_\_\_\_\_ Height \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Eyes Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship Status \_\_\_\_\_ Place of Birth \_\_\_\_\_

### 3. SS# / DL# / Car Information

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Describe Car: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_

### 4. Employment Information

Your Occupation / Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ How long worked for \_\_\_\_\_

### 5. Personal References

Name	Yrs. Known	Address	Phone
A. _____	____/____/____	_____	____/____/____
B. _____	____/____/____	_____	____/____/____
C. _____	____/____/____	_____	____/____/____

Note: Premium on this Bond is NOT Returnable

Indemnitor's Signature \_\_\_\_\_