

<b>Express Bail Bonds</b> <b>1304 Elati Street</b> <b>Denver CO 80204-2706</b> <b>303-573-1115</b>  <b>BAIL BOND APPLICATION</b>		DEFENDANT'S NAME – ALSO LIST ANY KNOWN ALIASES			
		DEFENDANT'S ADDRESS			
		DEFENDANT'S PHONE		DEFENDANT'S CELL PHONE	DEFENDANT'S EMPLOYER
		DOB	HEIGHT	HAIR	EYES
		I.D. SCARS – MARKS – TATTOOS			
CASE NUMBER	CHARGES		BOND AMOUNT \$	COURT – DATE – TIME	
CASE NUMBER	CHARGES		BOND AMOUNT \$	COURT – DATE – TIME	
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CASE NUMBER	CHARGES		BOND AMOUNT \$	COURT – DATE – TIME	
APPLICANT'S FULL NAME			APPLICANT'S HOME PHONE NUMBER		
APPLICANT'S CELL PHONE NUMBER			APPLICANT'S E-MAIL ADDRESS		
WHERE YOU LIVE, CHECK ONE <input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Other, explain:			LANDLORD OR MORTGAGE COMPANY		
HOME ADDRESS					
PREVIOUS ADDRESS					
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	DOB:	RELATIONSHIP TO DEFENDANT	
CHECK ONE <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Common Law			MATE / PARTNER'S NAME	MATE / PARTNER'S DOB	
IN CASE OF EMERGENCY, NOTIFY WHOM? (INSERT NAME, ADDRESS, AND PHONE NUMBER)				RELATIONSHIP	
EMPLOYER (INSERT NAME, ADDRESS AND PHONE NUMBER)					
JOB TITLE / DUTIES		HOW LONG?	SALARY / WAGES \$		
PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS) (INSERT NAME, ADDRESS AND PHONE NUMBER)					
SPOUSE / PARTNER'S EMPLOYER (INSERT NAME, ADDRESS AND PHONE NUMBER)					
WHERE DO YOU BANK?		ADDRESS	BALANCE \$		
CHECK IF YOU HAVE: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Other (Gas)			CREDIT REFERENCE		
MAKE OF CAR	YEAR	MODEL	LICENSE PLATE NUMBER	STATE	
MAKE OF CAR	YEAR	MODEL	LICENSE PLATE NUMBER	STATE	
ARE YOU ON PAROLE OR PROBATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, OFFICER'S NAME		IF YES, WHERE	IF YES, OFFICER'S PHONE NUMBER	
ARE YOU ON ANY OTHER BONDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WITH WHOM?		IF YES, CHARGES?	IF YES, WHERE?	
HAVE YOU EVER CO-SIGNED ON ANY OTHER BOND? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHO DID YOU CO-SIGN FOR?		IF YES, BONDING COMPANY		
HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHEN?	IF YES, WHERE?	IF YES, REASON?		
REFERENCES – RELATIVES – FATHER	PHONE	OCCUPATION	ADDRESS		
REFERENCES – RELATIVES – MOTHER	PHONE	OCCUPATION	ADDRESS		
REFERENCES – RELATIVES – BROTHER	PHONE	OCCUPATION	ADDRESS		
REFERENCES – RELATIVES – SISTER	PHONE	OCCUPATION	ADDRESS		
REFERENCES – RELATIVES – OTHER	PHONE	OCCUPATION	ADDRESS		
<p><b>"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES." § 10-1-128(6)(a) C.R.S.</b></p>					
<p><b>THE FOLLOWING CERTIFICATION MUST BE COMPLETED IF A SIGNATORY CANNOT READ OR SPEAK ENGLISH.</b></p>					
<p>TRANSLATION CERTIFICATION. THE UNDERSIGNED TRANSLATOR MAKES THIS AFFIDAVIT AND HEREBY CERTIFIES, UNDER PENALTY OF PERJURY, THAT HE/SHE READ VERBATIM AND TRANSLATED THIS ENTIRE DOCUMENT, INCLUDING ALL RELATED DOCUMENTS, BAIL CONTRACTS, INDEMNITY AGREEMENTS, DISCLOSURES, PROMISSORY NOTES, SECURITY INSTRUMENTS AND TRUST DEEDS, TO THE INDEMNITOR (S) SIGNING BELOW IN HIS/HER PRIMARY LANGUAGE.  <b>TRANSLATOR: (SIGNATURE) _____ (PRINT NAME) _____ DATE:: _____</b>  <b>TRANSLATOR'S ADDRESS: _____</b></p> <p style="text-align: center;">CONFIRMO POR MI COLOCACIÓN DE MIS INICIALES QUE ESTE ACUERDO DE PLAN DE PAGO HA SIDO TRADUCIDO COMPLETAMENTE A MI SATISFACCIÓN.  <b>(I CONFIRM BY MY AFFIXING MY INITIALS THAT THIS CONTRACT HAS BEEN TRANSLATED TO MY SATISFACTION) INITIALS/ INICIALES : _____</b></p>					
<p><b>THE UNDERSIGNED HEREBY CERTIFY THE TRUTH OF ALL STATEMENTS IN THE APPLICATION, AUTHORIZE THE SURETY TO VERIFY THIS INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION FROM ANY SOURCE.</b></p>					
DEFENDANT / PRINCIPAL / INDEMNITOR (SIGNATURE)		DATE	SOLICITUD DE TRADUCCIÓN. [CHECK <input type="checkbox"/> BOX IF TRANSLATION IS REQUIRED] SI NO PUEDE LEER NI ENTENDER INGLÉS, FAVOR DE MARCAR ESTE CUADRO.		
DEFENDANT / PRINCIPAL / INDEMNITOR (SIGNATURE)		DATE	SOLICITUD DE TRADUCCIÓN. [CHECK <input type="checkbox"/> BOX IF TRANSLATION IS REQUIRED] SI NO PUEDE LEER NI ENTENDER INGLÉS, FAVOR DE MARCAR ESTE CUADRO.		