

OVER WRITING AUTHORITY AUTHORIZATION FORM

Please complete IN ENTIRETY

For Office Use Only:

Submitted By: _____ Date: _____

Authorized By: _____ Date: _____

Authorized By: _____ Date: _____

Bond(s) to be replaced: Yes No

Date Requested: _____ Time: _____ Bond Type: State Federal Immigration Transfer Bond? Yes No

Requesting Agent: _____ Agency: _____

Agent Phone: _____ Cell Office Bond Amount: _____

Agent Fax or Email: _____ Powers Number(s): _____

Defendant Name: _____ Gender: Male Female Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Home Email: _____

Age: _____ DOB: _____ SSN: _____ Alien#: _____

Place of Birth: _____ Citizenship: U.S. Other: _____ Passport No.: _____

Employer: _____ Job Title/Description: _____ Employer Phone: _____

Employer Address: _____

How Long Employed: _____ Income: _____

Date of Arrest: _____ Booking #: _____

Correctional Facility: _____

Court: _____ City: _____ County: _____ State: _____

Charges: _____ Case No.: _____

GPS Monitor? Yes No Required By: Court Agent Prior Currently out on other bonds? Yes No If 'yes' list: _____

Arrests/Convictions: _____ Currently on Probation or Parole? Yes No

Spouse/Significant Other: _____ Phone: _____ Cell Home Email: _____

Has Defendant retained an Attorney? Yes No If 'yes', Name: _____ Email: _____

Indemnitor Name: _____ Phone: _____

Relation to Defendant: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Job Title/Description: _____ Income: _____

Employer Address: _____ Employer Phone: _____ How long Employed: _____

Collateral: _____

Name(s) on Mortgage / Title: _____

Value: _____ Equity: _____

Lien(s): _____ Verified by: Sitex TLO Other: _____

Indemnitor Name: _____ Phone: _____

Relation to Defendant: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Job Title/Description: _____ Income: _____

Employer Address: _____ Employer Phone: _____ How long Employed: _____

Collateral: _____

Name(s) on Mortgage / Title: _____

Value: _____ Equity: _____

Lien(s): _____ Verified by: Sitex TLO Other: _____

UNDERWRITING NOTES: _____

If necessary, use an additional form to list more Indemnitors.