

# ACTION BAIL BONDS, LLC

206 South McNeill Street  
Carthage, NC 28327

P.A. Number \_\_\_\_\_

Bond Amount \$ \_\_\_\_\_

Date of Execution \_\_\_\_\_

Agent \_\_\_\_\_

## DEFENDANT INFORMATION

I hereby apply to you to act as my bail in the \_\_\_\_\_ Court of \_\_\_\_\_ County,  
\_\_\_\_\_ State, wherein I am charged with the offense of \_\_\_\_\_.

It is understood and agreed that the happening of any one of the following events shall constitute a breach of Defendant's obligations to Stephen Talbert hereunder, and Stephen Talbert shall have the right to forthwith apprehend, arrest, and surrender Defendant, and Defendant shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of Defendant's obligations hereunder are:

1. WILLFULLY FAILS TO PAY THE PREMIUM TO THE SURETY OR WILLFULLY FAILS TO MAKE A PREMIUM PAYMENT UNDER THE AGREEMENT SPECIFIED IN G.S. 58-71-167.
2. CHANGES HIS OR HER ADDRESS WITHOUT NOTIFYING THE SURETY BEFORE THE ADDRESS CHANGE.
3. PHYSICALLY HIDES FROM THE SURETY.
4. LEAVES THE STATE WITHOUT THE PERMISSION OF THE SURETY.
5. VIOLATES ANY ORDER OF THE COURT.
6. FAILS TO DISCLOSE INFORMATION OR PROVIDES FALSE INFORMATION REGARDING ANY FAILURE TO APPEAR IN COURT, ANY PREVIOUS FELONY CONVICTIONS WITHIN THE PAST 10 YEARS, OR ANY CHARGES PENDING IN ANY STATE OR FEDERAL COURT.
7. KNOWINGLY PROVIDES THE SURETY WITH INCORRECT PERSONAL IDENTIFICATION, OR USES A FALSE NAME OR ALIAS.

### ALL INFORMATION BELOW MUST BE COMPLETED IN FULL, OR DELAY WILL OCCUR (PLEASE PRINT)

Print full name \_\_\_\_\_ Current Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
(First) (Middle) (Last)

Proof (Example: utility bill, rental contract, cable/sat. bill, mortgage contract): \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip How Long

Buying or Renting? \_\_\_\_\_ From whom? \_\_\_\_\_ Who owns property? \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employed by \_\_\_\_\_ Boss \_\_\_\_\_

Employer's Physical Address \_\_\_\_\_ Phone \_\_\_\_\_

Employee's Position \_\_\_\_\_ Work Schedule \_\_\_\_\_

Vehicle \_\_\_\_\_ Make/Model \_\_\_\_\_ Vehicle Color \_\_\_\_\_ License Plate \_\_\_\_\_

Children's Names and Ages \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

Parent's Names \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Wife's Parents \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Brothers or Sisters \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Brothers or Sisters \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Best Friend \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Defendant's Attorney \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Friend (1) \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Friend (2) \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

# ACTION BAIL BONDS, LLC

P.O. Box 717  
Carthage, NC 28327

Agent \_\_\_\_\_  
Power No. \_\_\_\_\_  
Case No. \_\_\_\_\_  
Execution Date \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Birth \_\_\_\_\_

I.N.S. A# \_\_\_\_\_ 1-800-898-7180 INS

Information on Previous Arrest \_\_\_\_\_ Status of Cases \_\_\_\_\_

Have You Ever Been Bonded before? \_\_\_\_\_ Who Bonded? \_\_\_\_\_ When Bonded? \_\_\_\_\_

Which High School Graduated From? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Defendant Must Check In \_\_\_\_\_  
Signature \_\_\_\_\_ Description of Required Check-In \_\_\_\_\_

## FINANCIAL STATEMENT

Name of Indemnitor 1 \_\_\_\_\_  
(First) (Middle) (Last)

Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Make/Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_

Employed by \_\_\_\_\_ Boss \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Indemnitor 2 \_\_\_\_\_  
(First) (Middle) (Last)

Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Make/Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_

Employed by \_\_\_\_\_ Boss \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Personal References (Detailed Information Required)

Work or Home Address

Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

IN WITNESS WHEREOF, the parties have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
X  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
X  
SIGNATURE OF INDEMNITOR

\_\_\_\_\_  
X  
SIGNATURE OF CO-INDEMNITOR