

*****Please contact our office first before filling out forms, or the bond may be rejected.*****

Contract Date: _____

Bail Bond Amount(s) \$: _____

Bail Bond Fee \$: _____

Case No (if available): _____

Contract

I/We _____ **Cosigners**, enter into this Contract with COPA 3 BAIL BONDS/San Antonio Bail Bonds 2, Amigo SA BB, Surety, for the benefit of obtaining the release of _____, **Defendant**. I understand that by paying the premium amount as stated above and signing the bond as Cosigner(s), Surety will post a bail bond in the amount as reflected, and that I will be and am responsible for ensuring that the Defendant appears in court each and every time that this cause(s) is scheduled for court. I further understand that if the Defendant fails to follow any and all instructions or orders of the Court or fails and refuses to appear in court on any of the scheduled court dates and incurs a bond forfeiture/failure to appear/nisi, that I will be required and **responsible** for paying the Surety the full value of the **bail bond amount(s)**;

I/We agree to pay the full value of the bail bond(s) to the Surety in the event that the Defendant fails to appear in court as scheduled. By signing this contract, I, the Cosigner(s) as mentioned above agree to be bound by the terms herein. Surety shall give notice to Cosigner(s) of the Defendant's failure to appear by notice/e-mail/ requested (address to the Cosigner(s) stated below or provided) for demand for payment of the full value of the bond(s) due to Defendant's failure to appear in court.

I/We further understand that the premium owing and/or paid on this bond(s) is/are fully earned upon the release of the Defendant from custody. The fact that the Defendant may have been improperly arrested, or his/her bail reduced, or his/her case(s) dismissed, shall not obligate the return or forgiveness of any portion of the premium paid. Signed and agreed to by all parties as evidenced by their signatures below.

(A) COPA 3 BAIL BONDS /San Antonio Bail Bonds 2/Amigo SA BB BY: _____

1511 W. MARTIN SAN ANTONIO, TX 78207
Ph: 210-231-0202 - 210-231-6444 | Fax 210-231-6229

2969 W. SAN ANTONIO NEW BRAUNFELS, TX 78133 OFFICE 830-625-4466

X _____ X _____ X _____
Defendant Cosigner Cosigner

Printed Name

Printed Name

Printed Name

Address: _____

City, State, Zip Code: _____

Telephone No: _____

INFO OF COSIGNER (Person getting them out of jail) APPLICATION FOR SURETY BOND

- A. If Cosigner makes any false statement on this application, the bond(s) will or may be surrendered at the option of the bonding company.

Name: _____ **Nickname / Alias / Stage Name:** _____

Date of Birth: _____ **Place of Birth / Country:** _____ **U.S. Citizen:** Yes / No

If No, list resident alien #: _____ **Relation to person or are you the Defendant?:** _____

Address Where You Reside:

Address: _____ **Apt #:** _____ **City:** _____ **State:** _____ **Zip:** _____ **How Long?:** _____

(Circle One) Own / Buying / Renting / Leasing / Living with Family / Landlord / Mortgage Co. / Complex Name _____

Permanent Mailing Address or Other Address?: _____ **Name Utilities are in** _____

Mobile Phone #: _____

(Circle If You Have Any of These.) **Email / Snapchat / Facebook / Twitter / Instagram:** _____

Military Background: Yes / No **Social Security #:** _____ **State ID or Driver's Lic. #:** _____

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair:** _____ **Glasses:** Yes / No **Contacts:** Yes / No

Complexion / Skin Tone: _____

List Special Skills: Carpentry, Framer, Recreational Activities: _____

EMPLOYMENT

Place of Employment: _____ **Job Title / Description:** _____ **How Long?:** _____

Employer's Address: _____ **Work Phone #:** _____

Do you work from home or travel for work? _____

If Unemployed, list how you support yourself (ex: side jobs w/whom, how much SSI received, government aid, etc.) _____

If Self-Employed or Content Creator or Internet Influencer please list your platforms you use (OF, Snapchat Premium) _____

FINANCIAL INFORMATION

Name of Bank / Credit Union: _____

AUTOS: ** If you do not own a vehicle, list one you would borrow or someone who would give you a ride.

Year / Make / Model: _____ **Color:** _____ **Plate #:** _____

Year / Make / Model: _____ **Color:** _____ **Plate #:** _____

ARREST / CONVICTION RECORD Have you EVER been arrested anywhere? Yes / No If so, state details, when, where (Country?), charge(s), and if pleaded guilty or dismissed? _____

Are you on Probation: Yes / No **Are you on Parole:** Yes / No

Are you on bond for other charges: Yes / No **If yes, company and charges:** _____

Have you used other bonding company(s) before? Yes / No **If yes, company name(s):** _____

Name of your Attorney / Law Firm / Court Appointed? _____ **Phone #:** _____

Reference Info (minimum 4)	Name	Street	City / State / Zip	Phone
Father Name or Other Related Person:				
Mother Name or Other Related Person:				
Bro/Sis/Name:				
Other Relatives/Name:				
Closest Friend/Name:				
Friend/Name:				
Friend/Name:				
Coworker Name:				

(Circle One) Spouse / Partner / Girlfriend / Boyfriend

First Name: _____ Middle: _____ Last: _____

Address: _____ Nickname: _____ Mobile Phone: _____

Date of Birth: _____ Social Security #: _____ State ID / Driver's Lic #: _____

Employment: _____ Job Title / Description: _____

Employer's Address: _____ Work #: _____ How Long: _____

Spouse's Family & Friends	Street	City	State	Phone
Other Related Person:				
Family Friend:				

Children	Age	Address (If Different)	Phone
Name:			
Name:			
Name:			

RELEASE OF INFORMATION

The individual (aka Cosigner) signing hereby warrants that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be relied on fully. In addition, the defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue Service, the Department of Disability Insurance, the United States Armed Forces, the State Division of Motor Vehicles, all Municipal, county, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the defendant's whereabouts to give such information to any agent of COPA Bail Bonds 3/San Antonio Bail bonds 2/ Amigo SABB and apprehension for Court appearance, and for the purpose of securing reimbursement for and expenses incurred as a result of Defendant's nonappearance. **The Cosigner hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by COPA Bail Bonds / COPA 3 Bail Bonds / San Antonio Bail Bonds 2 / Amigo SABB and its authorized representatives. This release will serve to exonerate you from any and all liability stemming from the release of information to COPA Bail Bonds 3 / COPA Bail Bonds / San Antonio Bail Bonds 2 / Amigo SABB which may be imposed upon by title 5, Section 522-A of the United States Code, commonly known as the Pracy Act, or any comparable federal, state or municipal law governing the release of information. This release is valid for a period of ten (10) years from execution date.**

Date: _____

Agent / Witness: _____

Cosigner Signature: _____ Mailing Address: _____

CREDIT CARD AUTHORIZATION FORM

COPA 3 Bail Bonds | San Antonio Bail Bonds 2 | Amigo SABB

1511 W. Martin, San Antonio, TX 78207 | 210-231-0202 • 210-231-6444

_____ Zelle: bailbondpeople@gmail.com

_____ Venmo: @SanAntonioBailBonds

I hereby authorize COPA 3 Bail Bonds/San Antonio Bail Bonds 2/Amigo SABB to charge my credit/debit card, abiding by the terms and conditions of the sale.

Amount to be charged: \$ _____

Credit Card Number: _____

Expiration Date: _____

CVV Number (3 digits on back of card): _____

Cardholder Name: _____

(Print name exactly as shown on card)

Complete Billing Address (Address, City, State, and Zip Code):

For Defendant's Name: _____

Signature of Cardholder: _____ **Date:** _____

Note: Payments are due by **5 PM on a business day**. Late fee will equal **25% of the payment or a minimum of \$20** added to the payment.

Payment Interval (One-Time / Weekly / Bi-Weekly / Monthly): _____