

**BROWARD COUNTY**  
**BAIL BONDS**

954-306-0990 Fax: 954-524-5973 South East 12th Street Fort Lauderdale, Florida 33316

**INDEMNITOR'S INFORMATION FORM**

**DEFENDANT'S NAME:** \_\_\_\_\_

**RELATIONSHIP TO DEFENDANT:** \_\_\_\_\_

**HOW MANY YEARS KNOWN:** \_\_\_\_\_

**INDEMNITOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOW LONG AT THIS ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**INDEMNITOR'S D.O.B.:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**INDEMNITOR'S DRIVER LICENSE NO.:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **WORK NO.:** \_\_\_\_\_

**NAME OF COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOW LONG:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**