

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

Surety:  
MTAW Insurance Company  
157 Main Street • Greenville, PA 16125  
P.O. Box 806 • Greenville, PA 16125  
(800) 245-0366 • FAX (724)588-8801  
Email: CourtNotices@cfins.com

**APPLICATION FOR BAIL**

Amount of Bail \$ \_\_\_\_\_ Total Charges \$ \_\_\_\_\_  
Premium Charged \$ \_\_\_\_\_ Payment Rec'd \$ \_\_\_\_\_  
Bond Power # \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Date of Bond: \_\_\_\_\_

**Defendant's Booking Name** \_\_\_\_\_ **Defendant's True Name** \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_ City & State \_\_\_\_\_ How Long \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Glasses \_\_\_\_\_ Moustache/Beard \_\_\_\_\_

I.D./Marks \_\_\_\_\_ Birthplace \_\_\_\_\_ S.S. # \_\_\_\_\_ D.L. # \_\_\_\_\_

Email \_\_\_\_\_ Social Media Username \_\_\_\_\_

Date of Arrest \_\_\_\_\_ Where Held \_\_\_\_\_ Charges \_\_\_\_\_

Case # \_\_\_\_\_ Booking # \_\_\_\_\_ Date to Appear \_\_\_\_\_ Time \_\_\_\_\_

Court \_\_\_\_\_ Jud. Dist. \_\_\_\_\_ Div. or Dept. \_\_\_\_\_ County \_\_\_\_\_

Former Address \_\_\_\_\_ Apt # \_\_\_\_\_ City and State \_\_\_\_\_ How Long \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Mo. Income \_\_\_\_\_ Supervisor \_\_\_\_\_ How Long \_\_\_\_\_

Previous Arrest Charge \_\_\_\_\_ Court \_\_\_\_\_ County \_\_\_\_\_ Date Arrested \_\_\_\_\_

Disposition \_\_\_\_\_ Previous Bail \_\_\_\_\_ By Whom \_\_\_\_\_ Amount of Bail \$ \_\_\_\_\_

On Probation? \_\_\_\_\_ Where \_\_\_\_\_ Probation Officer \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Real Estate Description \_\_\_\_\_ Value \_\_\_\_\_ Mortgage Amount \_\_\_\_\_

Spouse \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Home Phone \_\_\_\_\_

Spouse's Cell Phone \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_ City & State \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Children Name & Ages \_\_\_\_\_

REFERENCES:	Name	Address	Phone No.	Cell Phone	Email Address
1. Father	_____	_____	_____	_____	_____
2. Mother	_____	_____	_____	_____	_____
3.S is/Broth	_____	_____	_____	_____	_____
4. Friend	_____	_____	_____	_____	_____

**INDEMNITOR #1 NAME:** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

D.L. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relation to Defendant \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ How Long \_\_\_\_\_ Email Address \_\_\_\_\_ Social Media Username \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Collateral Type \_\_\_\_\_ Amount Taken \_\_\_\_\_

**INDEMNITOR #2 NAME:** \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

D.L. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relation to Defendant \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ How Long \_\_\_\_\_ Email Address \_\_\_\_\_ Social Media Username \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Collateral Type \_\_\_\_\_ Amount Taken \_\_\_\_\_

**Colorado Revised Statutes § 10-1-128(6)(a):** 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.

In order to receive a return of your collateral from your producer you must deliver a copy of the court order resulting in a release of the bond by the court to the producer or the surety company.

I certify that the above is true and correct. I further understand that this is an application for a type of credit and authorize a review of my credit history via credit reporting agency checks.

Indemnitor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Indemnitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Defendant's Signature \_\_\_\_\_ Date \_\_\_\_\_