AAAAA Absolute Waits Bonding, LLC 885 Highway 42 S

Jackson GA, 30233

Bond ID: 1270 (SW) Bond Amount: \$0.00 Date of Execution: Pending Defendant: F L

Bail Bond Application

I hereby apply to you to act as my bail in the ______ court of ______ county _____, wherein I am charged with the offense(s) of ______. I understand and agree that you, as my bail, shall have the control and jurisdiction of me during the term for which the bond is executed and that you will have the right to surrender me on this bond at any time you may desire.

All questions must be answered in full, or delay may occur. All information is confidential.

DEFENDANT INFORMATION

Name: F L Address: Telephone: Cell Phone: Date of Birth: Place of Birth: SSN: Drivers License or ID: ID issued in: Nick Name: Aliases:

PERSONAL DESCRIPTION

Height:
Weight:
Eye Color:
Hair Color:
Complexion:
Race:
Nationality:
Marks, Scars or Tattoos:

FAMILY INFORMATION

Marital Status: Spouses Name: Children:

HOUSING INFORMATION

Own/Rent: How long have you resided at your current address: Previous Address:

AUTO INFORMATION

Make and type of Automobile: Auto registered to:

EMPLOYMENT INFORMATION

Employer: Occupation: Address: Telephone: Contact Person:

Date: May 15th 2024

Defendant: F L (Signature)

(Date)

License Number: #

AAAA Absolute Wates Boundings I. L.