

Application for Bail Bond

Callif Bonding, LLC
350 S High
Columbus, Ohio 43215
(614) 221-0100

Date _____ / _____ / _____
Case # _____
Charge _____
Cty/Court _____
Agent _____
Bail Amount _____

Premium _____
State Fee _____
Total _____
Collected _____
Payment type (cash) (Check)
Credit Card (MC) (Visa) (Disc) (other)

Defendant: Name _____, SSN _____

Nickname or Alias _____ Birth Date _____ / _____ / _____ Attorney _____

Address _____ Own Rent _____

City _____ State _____ Zip Code _____ How Long? _____

Cell Phone (_____) _____ Cell Carrier _____ 2nd phone (_____) _____

Email Address _____ DL# _____

Employer _____ Occupation _____

Employer Address _____ Phone _____

Indemnitor: Name _____, SSN _____

Birth Date _____ / _____ / _____ Relationship to defendant _____

Address _____ Own Rent _____

City _____ State _____ Zip Code _____ How Long? _____

Cell Phone (_____) _____ Cell Carrier _____ 2nd Phone (_____) _____

Email Address _____ DL# _____

Employer _____ Occupation _____

Employer Address _____ Phone _____

Additional Contacts : List at least two friends, family, people that can reach you if needed

Name: _____ Phone: _____ Address _____

1. _____

2. _____

3. _____