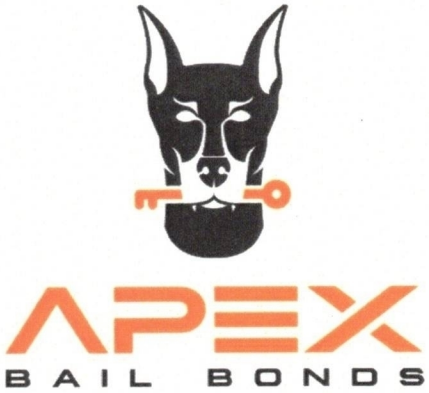

Bondsman Name: Fred Shanks, IV Phone #: 336-394-8890

Email: fshanksiv@apexbailbond.com

Defendant's Name: _____

Requested Bond Amount: _____ Original Amount (if reduced): _____

County: _____ State _____ Date Arrested _____ How old are charges _____

Out of State (circle one): Yes No **Out of County**: Yes No **Fugitive Warrant**: Yes No

Charges: _____

Attorney Retained: Yes No Attorney _____ Attorney # _____

Attorney Fees Paid: Yes No Name of Law Firm: _____

Mandatory Sentence: Yes No Min/Max Sentence: _____

Prior Time Served: _____ When: _____ Where: _____

Most Serious Prior Arrests: _____

_____

PLEDGED PROPERTY INFORMATION

1. Owner(s) Name:

   Address:

   Purchase Date: Tax Value:

   Purchase Price: Taxes Up to Date: Y N

   Current Value: Lien/Mortgage Amt:

   Net Equity: Verify Mortgages/Taxes are Current: Y N

2. Owner(s) Name:

   Address:

   Purchase Date: Tax Value:

   Purchase Price: Taxes Up to Date: Y N

   Current Value: Lien/Mortgage Amt:

   Net Equity: Verify Mortgages/Taxes are Current: Y N

3. Owner(s) Name:

   Address:

   Purchase Date: Tax Value:

   Purchase Price: Taxes Up to Date: Y N

   Current Value: Lien/Mortgage Amt:

   Net Equity: Verify Mortgages/Taxes are Current: Y N

4. Owner(s) Name:

   Address:

   Purchase Date: Tax Value:

   Purchase Price: Taxes Up to Date: Y N

   Current Value: Lien/Mortgage Amt:

   Net Equity: Verify Mortgages/Taxes are Current: Y N

Property Owners must be listed as indemnitors also to verify contact information

Indemnitor 1

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 2

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 3

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 4

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 5

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 6

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 7

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2

Indemnitor 8

Name: Phone:

Address:

Rent Own DOB: SSN:

Relationship to Defender: Employer:

Job Title: How Long: Monthly Income:

Job #2 (if applicable)

Property #2