

**Bail Bond  
General Information Page**

**Please Fill out this form, print it and fax it to our office. Fax: (904) 358-0147**

Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Full Name of the Defendant: \_\_\_\_\_

Name of Jail the Defendant is Incarcerated in: \_\_\_\_\_

Docket Number(if known): \_\_\_\_\_ Arrest Date:    /    /

Age: \_\_\_\_\_ Charge: \_\_\_\_\_ Bond Amount: \_\_\_\_\_

Employment Information:

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How Long: \_\_\_\_\_

Marriage Information:

Married:    Yes    No    Don't Know

How Long: \_\_\_\_\_

Housing Information:

Live in Jax:    Yes    No    Don't Know

Family in Jax:    Yes    No    Don't Know

Own:    Yes    No    Don't Know

Rent:    Yes    No    Don't Know

Live with Family:    Yes    No    Don't Know

Arrest Record:

Prior Arrests:    Yes    No    Don't Know

No. Misdemeanor: \_\_\_\_\_

No. Felony: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Point of Contact \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How Long: \_\_\_\_\_

The space below is provided to allow you to tell us any information that you may feel you need, (i.e.. collateral, etc...). Thank you.

---

---

---

---

---

---

---

---

---

---

After Submitting us this information call us at 1-904-720-2111.

Thank you for patiently filling out all the requested information. The information you have provided us with is necessary to provide you with the quickest ability to assist you.