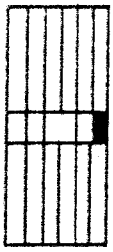

LEHIGH VALLEY BAIL
24 HOUR SERVICE

CONFIDENTIAL INFORMATION
ABOUT THE DEFENDANT

Defendant Name:_____ Nickname:_____

Where was the defendant born City/State_____Social Sec.#_____

Defendant's Address (include apt no.)_____City/State/Zip_____

Date of Birth ____/___/_____Home#_____Cell Phone:_____

Email:_____Who does the Defendant live with?_____

Employer Name_____ Address_____

Length of Employment_____Work# _____ Who does the Defendant live with?_____

Name:_____Telephone Number:_____Relationship:_____

Does the Defendant have any children(please list name/date of birth/school attending/and guardian information:

_____

_____

Does the Defendant own an automobile? Make/Model/Year/Color/Lic. Plate#_____

Does the Defendant have tattoos? Where/How Many_____

Does the defendant have any medical conditions and what_____

Doctors/Treatment Facilities_____

Does the defendant have any other pending cases here or out of state? If yes, where and when _____

_____What charges_____

_____

Has the defendant ever been incarcerated? If so, when, where, how long and for what crime_____

_____

_____

ADDITIONAL INFORMATION REGARDING THE DEFENDANT

PLEASE PROVIDE: NAME ADDRESS-PHONE EMPLOYER

ATTORNEY_____

FATHER_____

STEP-FATHER_____

MOTHER_____

STEP-MOTHER_____

SISTER_____

SISTER_____

SISTER_____

BROTHER_____

BROTHER_____

AUNT_____

AUNT_____

AUNT_____

UNCLE_____

UNCLE_____

UNCLE_____

GRANDMOTHER_____

GRANDMOTHER_____

GRANDFATHER_____

GRANDFATHER_____

CLOSEST FRIEND_____