Pocono Area Bail Bonds

Covering Counties of Luzerne, Lackawanna, Carbon & Schuylkill plus all of Eastern PA

DEFENDANT'S NAME_____ RELATIONSHIP_____

YOUR NAME_____

STREET ADDRES_____ APARTMENT_____

CITY_____ STATE____ ZIP CODE_____ BIRTHDATE_____

HOME PHONE #_____ CELL PHONE#_____

ID/DRIVER'S LICENSE #_____ SOCIAL SECURITY #_____

PREVIOUS ADDRESS (If Less than 6 months) _____

MARTIAL STATUS_____ SPOUSE NAME_____

SPOUCE CELL PHONE #_____ SPOUSE MAIDEN NAME_____

DO YOU OWN A HOME___ DO YOU OWN A CAR____ BANK NAME_____

EMPLOYER_____ OCCUPATION_____

EMPLOYER ADDRESS_____

EMPLOYER PHONE #_____

PERSONAL REFERENCES/EMERGENCY CONTACT NUMBER

1._____

2._____

3._____

I UNDERSTAND MY RESPONSIBILITIES AS AN INDEMNITOR ON A BAIL BOND. I CERTIFY THAT ALL THE INFORMATION GIVEN IS TRUE AND CORRECT.

SIGNATURE X_____ DATE_____

WITNESS/AGENT_____ DATE_____

570-698-7618 (local-inmates call collect)
484-664-7302 (fax)
www.PoconoAreaBailBonds.com