



## Miami Dade County Bail Bonds Defendant Information Worksheet

Please answer all questions completely. If unsure about any information leave field blank and call the office at 305-326-3333 before submitting form. All information requested is regarding the **defendant** only. Information provided is for underwriting purposes and is kept confidential.

Defendant's Name \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Own Dates _____ <input type="checkbox"/> Rent Dates _____ Landlord _____ Phone _____	Previous Address _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Own Dates _____ <input type="checkbox"/> Rent Dates _____ Landlord _____ Phone _____
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Defendant Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Name on Utility Bill \_\_\_\_\_

Defendant Place of Birth \_\_\_\_\_  US Citizen  Resident Alien A# \_\_\_\_\_ Issued \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

Time at current Job \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Work Email \_\_\_\_\_

Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL Number \_\_\_\_\_ ST \_\_\_\_\_

Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  US Citizen A# \_\_\_\_\_

Time in US \_\_\_\_\_ Spouse Occupation \_\_\_\_\_ Employer/Name/Address \_\_\_\_\_

Time at current Job \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Work PH \_\_\_\_\_ Work Email \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Email \_\_\_\_\_ Alternate Number \_\_\_\_\_

emergency contact # \_\_\_\_\_

Age	Child's Full Name	Lives w/ Def:	Lives with:	Phone Number	School Name: City and State
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Ex Spouse/other Parent Name \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Reference Name	Relationship	Full Address	Phone

Completed By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_