



DEFENDANT APPLICATION

**Dennis Blackwell Bail Bonds**  
**2960 E. Las Vegas**  
**Colorado Springs, CO 80906**  
**(719) 390-3930**

**ALL QUESTIONS MUST BE ANSWERED IN FULL.  
 PROVIDING FALSE OR MISLEADING INFORMATION CAN RESULT IN THE TERMINATION OF BOND!**

Defendant's Name: \_\_\_\_\_ AKA: \_\_\_\_\_

1. Case # \_\_\_\_\_ Bond \$ \_\_\_\_\_ Court: \_\_\_\_\_  
 Power # \_\_\_\_\_ Appearance Date: \_\_\_\_\_ Charges: \_\_\_\_\_

2. Case # \_\_\_\_\_ Bond \$ \_\_\_\_\_ Court: \_\_\_\_\_  
 Power # \_\_\_\_\_ Appearance Date: \_\_\_\_\_ Charges: \_\_\_\_\_

3. Case # \_\_\_\_\_ Bond \$ \_\_\_\_\_ Court: \_\_\_\_\_  
 Power # \_\_\_\_\_ Appearance Date: \_\_\_\_\_ Charges: \_\_\_\_\_

**How Did You Hear About Us**

Phone Book  Internet  Bathroom Advertisement  Attorney Referral  Friend Referral  Other  \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Where you live, check one:  Renting  Buying  How long? \_\_\_\_\_ Landlord / Mortgage Company: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL# \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

I.D. Scars-Marks-Tattoos: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_ How long? \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you on parole or probation? \_\_\_\_\_ Officer's Name: \_\_\_\_\_ Where? \_\_\_\_\_ Phone: \_\_\_\_\_

Are you out on bond? \_\_\_\_\_ With whom? \_\_\_\_\_ Charges: \_\_\_\_\_ Where? \_\_\_\_\_

Year: \_\_\_\_\_ Make of Car: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Relationship Status:  Single  Girlfriend / Boyfriend  Married  Common Law  Widow (er)  Divorced  Separated

Significant other name \_\_\_\_\_ DOB \_\_\_\_\_

Significant other employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sister: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Brother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grandparent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Aunt: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Uncle: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Best Friend: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Best Friend: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Translation Request - solicitud de traducción.** [check box if translation is required] Complete the following if box is checked. Si no puede leer ni entender inglés, favor de marcar este cuadro. (If you cannot read or understand English, please check this box.) Translation Certification. The undersigned translator makes this affidavit and hereby certifies, under penalty of perjury, that he/she read verbatim and translated this entire document, including the reverse side, and all related bond application documents including disclosures, promissory notes, security instruments and trust deeds, to the Indemnitor(s) signing below in his/her primary language.

Translator: (signature) \_\_\_\_\_ (print name) \_\_\_\_\_ Date: \_\_\_\_\_

Translator's address: \_\_\_\_\_

Confirmo por mi colocación de mis iniciales que las dos caras de este acuerdo han sido traducidos completamente a mi satisfacción. INDEMNITOR's Initials: (I confirm by my affixing my initials that this Contract has been translated to my satisfaction)

**"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance company or agent of an Insurance who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Colorado Department of Regularoty Agencies." § 10-1-128(6)(a) C.R.S.**

**The undersigned hereby certify the truth of all statements in the applications, authorize the Surety to verify this information and to obtain additional information from any source.**

|                        |                    |      |
|------------------------|--------------------|------|
| Defendant Name (print) | Signature<br><br>X | Date |
|------------------------|--------------------|------|