



700 11th Street
Columbus, Georgia 31901
Telephone: (706) ABC-BOND – (706) 222-2663
Email: ABCBondingCSG@gmail.com

DEFENDANT'S INFORMATION

Name (First, M, Last): _____ Date of Birth: _____

Race: ____ Sex: ____ SS# _____ - _____ - _____ Driver's Lic#: _____ State: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Scars/Tattoos: _____

City/State Born: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State/ZIP: _____

Do you OWN or RENT your home/apartment? _____ How Long: _____

Current Mortgage Company or Landlord _____ Phone: _____

Prior Address: _____ City: _____ State/ZIP: _____

Employer: _____ Position: _____ How Long: _____

Income Amount: \$ _____ (Weekly, Bi-Weekly, Monthly, Annually)

Employer Address: _____ Phone: _____

Previous Employer: _____ How Long: _____

Auto Year _____ Make _____ Mdl _____ Color _____ Lic Plate# _____

Auto Loan Company: _____ Account Number: _____

Spouse/BF/GF Name: _____ Phone: _____

Spouse/BF/GF Employer: _____ City: _____ Phone: _____

Address: _____ City: _____ State/ZIP: _____

Indemnity/Co-Signer Name: _____ Phone: _____ Mobile: Yes/No

Previous Arrests/Charges: _____ When: _____

Failure to Appear or Probation Violations: _____ On Probation: _____

State/County: _____ Probation Officer: _____

Personal Reference

RELATIONSHIP	NAME	CITY /STATE	PHONE
Mother			
Father			
Brother / Sister			
Best Friend			
Friend			
Name of Bank	Routing Number	Account Number	Checking/Savings?

Referred to ABC Bonding of Columbus by: _____

Remarks: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I FURTHER UNDERSTAND THIS IS AN APPLICATION FOR A TYPE OF CREDIT AND AUTHORIZE A REVIEW OF MY CREDIT HISTORY.

Signature of Defendant: _____

Date: _____

Current Charge(s)

Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
Charge _____	\$ _____	F/M County _____	Case# _____
TOTAL BONDS WITHOUT ADD-ON'S	\$ _____		

JAIL/COURT ADD ON FEES

10% Add-On/\$100 Cap per charge (Peace Officers Training Fund)	\$ _____
10% Add-On /\$100 Cap per charge (Indigent Defense Fund)	\$ _____
10% Add-On (Jail Construction Fund)	\$ _____
5% Add-On (Victim Witness Assistance)	\$ _____
1.5% Add-On (DETF 40-6 Moving Violations Only)	\$ _____
\$21.25 Court Cost (per charge) x _____	\$ _____
Total Bond Amount w/ Add-On's: \$ _____	
Premium Fee to ABC Bonding of Columbus: \$ _____	
+ Sheriff Bond Writing Fee(s) \$20.00 x _____ + \$ _____	

TOTAL AMOUNT DUE \$ _____