



**CLASSIC BAIL BONDS**

2121 W. Imperial Hwy. Suite E114 La Habra, CA 90631  
(562) 947-1112 (877) 610-2245 Fax (562) 309-8016

Lic# 1843662

Lexington National Insurance Corp.

200 E. Lexington St. #501  
Baltimore, MD 21202

**INFORMATION ABOUT ARRESTEE**

Arrestee's Name \_\_\_\_\_ Best Phone Number to Contact \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_ Work \_\_\_\_\_

Arrestee's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Own/Rent/Lease? \_\_\_\_\_ If Rent/Lease, Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Citizen of What Country? \_\_\_\_\_ List Other States Lived In \_\_\_\_\_

If less than 5 years, Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

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

Description of any scars, tattoos, facial hair, etc. \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

How Long with Employer? \_\_\_\_\_ Union \_\_\_\_\_ Local# \_\_\_\_\_

How Many Children \_\_\_\_\_ Names and Ages \_\_\_\_\_

Autos (year/make/model/color/license) \_\_\_\_\_

Information About Spouse/Significant Other of Arrestee:

Marital Status \_\_\_\_\_ Name of Spouse/Significant Other \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

How Long with Employer? \_\_\_\_\_ Union \_\_\_\_\_ Local# \_\_\_\_\_

Other Information (names, addresses, phone numbers):

Father \_\_\_\_\_

Mother \_\_\_\_\_

Friend \_\_\_\_\_

Friend \_\_\_\_\_

Reference \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Attorney \_\_\_\_\_

Co-Arrestee \_\_\_\_\_

I certify that the above information is true, correct, and complete.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_