

**This Section for Office Use Only:**

**1st Stop Bail Bonds (Tyler)**

209 E Elm  
Tyler TX, 75702  
(903) 724-4684

Bond ID: \_\_\_\_\_ County: \_\_\_\_\_  
Reference No: \_\_\_\_\_ Court: \_\_\_\_\_  
Agent: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_  
Execution Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Method: \_\_\_\_\_

**Co-Signer Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relation to Defendant: \_\_\_\_\_

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

Gender: Male  Female  Other: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License Number: \_\_\_\_\_ Licensed in Which State: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Housing Information:**

House  or Apartment  Own  or Rent

Financed By: \_\_\_\_\_ Name on Deed: \_\_\_\_\_

Time at Residence: \_\_\_\_\_ Years: \_\_\_\_\_ Months

**Employment Information:**

Current Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employed for How Long? Years \_\_\_\_\_ Months \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Tag Number: \_\_\_\_\_ State: \_\_\_\_\_ Registered Owner: \_\_\_\_\_

List Any Liens on This Vehicle: \_\_\_\_\_

**Credit References:**

List Credit References: \_\_\_\_\_

**Spouse Information:**

Spouse First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Spouse Employment:**

Current Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Employed for How Long? Years \_\_\_\_\_ Months \_\_\_\_\_ Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Co-Signer:** (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witness:** (Signature) \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_