

**DEFENDANT APPLICATION, AUTHORIZATION FORM & AGREEMENT**

FOR INTERNAL USE ONLY

**GORILLA BAIL BONDS, LLC**  
**ENTERPRISE BAIL BONDS, LLC**  
 PO BOX 261685 HARTFORD, CT 06126  
 TELEPHONE (860) 827-1111

Posting for Company:  Yes  No

Notes: \_\_\_\_\_  
 \_\_\_\_\_

FACILITY	NUMBER OF BONDS	AMOUNT(S) OF BONDS	POWER NUMBER(S)
		\$	

**APPLICATION STARTS HERE**

**1. BIOGRAPHICAL & RESIDENTIAL**

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

My friends/family know me as: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tel #1: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Tel #2: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt/Floor/Unit: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address? \_\_\_\_\_ Who do you live with? \_\_\_\_\_

Check the applicable option:  Homeowner  Rent  Temporary Residence

**2. PHYSICAL ATTRIBUTES**

**3. NATIONALITY**

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	MARKS, TATTOO, SCARS (L) (R)	ARE YOU A TWIN?	PLACE OF BIRTH	ETHNICITY
ft in					yes   no		

**4. EMPLOYMENT**

Check One:  FullTime  PartTime  Temp  Retired  Social Security  Student  Disabled  Unemployed

Company Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_

Work Hours: from \_\_\_\_\_ (am / pm) to \_\_\_\_\_ (am / pm) Time on the Job? \_\_\_\_\_ months | years

**5. MOTOR VEHICLE**

**6. IDENTIFICATION**

COLOR	AUTO YEAR	MAKE	MODEL	PLATE #	LICENSE or NON-DRIVER ID NUM.   ISSUING STATE
					-

**7. ARREST HISTORY**

**8. MARITAL STATUS**

**9. DEPENDENTS**

Any Pending Court Cases? yes | no On Probation? yes | no

Single  Married

How many Children? \_\_\_\_\_ - n/a

**10. EMERGENCY CONTACT**

Name: _____	Relationship: _____
Address: _____	Telephone: ( _____ ) _____

**DEFENDANT AUTHORIZATION FORM**

Defendant Name: \_\_\_\_\_ Name of Bail Agent: \_\_\_\_\_

Name of Bail Bond Company: \_\_\_\_\_

By signing my name below, on this date, I authorize the bail bond agent named herein to execute bail bonds on behalf of myself or the person I represent. I understand that this will begin the bail bond process.

**NOTE:** If I am signing this form as a duly designated representative of the defendant, I certify that I am at least 18 years of age and that I have full permission of the defendant to enter into this agreement.

\_\_\_\_\_  
**Signature** of Defendant or Authorized Representative      Date      **Printed Name** of Authorized Representative (If applicable)

\_\_\_\_\_  
**Signature** Bail Agent      Date      Bail Agent License Number: \_\_\_\_\_

**AGREEMENT**

**11. TERMS OF BAIL BOND AGREEMENT**

This agreement is made between the undersigned defendant/principal further, Indemnitor hereinafter called DEFENDANT And Gorilla Bail Bonds LLC, Enterprise Bail Bonds LLC, Palmetto Corporation and/or any of its representatives hereinafter called the COMPANY. Whereas, the Company has executed or is about to execute in behalf of the Defendant the bond or undertaking described in the foregoing application upon the security, indemnity herein provided **OR** indemnity agreement entered into using an external indemnitor application/agreement completed by an authorized representative(s) acting on behalf and for the benefit of the Defendant. All considered, the current application is hereby referred to and made part of this agreement. Now in consideration of the execution by the Company of such bond or undertaking, the Defendant agrees to the following terms:

**A. COURT APPEARANCE**

a. I will appear to every scheduled court date related to this surety bail bond.

**B. CREDIT CHECK**

a. I authorize any of the entities noted herein to request, receive and/or analyze (print or digital) my credit (report) provided by any of the credit bureaus for the purposes of bond approval (prior to execution) or post bond execution for the purposes of unpaid premium collection and/or forfeiture recovery investigations.

**C. UNPAID PREMIUM**

a. I am fully liable for any unpaid premium related to my surety bond and I am equally responsible for unpaid premium even if I do not directly sign the unpaid premium agreement form before or post bond execution. I understand that this document herein will equally act as such, should the present (Clause C) be violated by late or nonpayment; balance is due even if I'm convicted or court obligation ends.

**D. FORFEITURE RECOVERY EXPENSES**

a. I will be equally liable for all expenses related to my apprehension, recovery, arrest and/or surrendering efforts conducted by any of the noted legal entities herein, should I forfeit the surety bail bond connected to this agreement.  
 b. If I am not apprehended or surrendered before the company compromised stay date, I agree to pay the full amount of bond, including unpaid premium, attorney fees, court cost, bail recovery/enforcement cost and any other associated investigation fee.

**E. RIGHT TO SEARCH**

a. I consent to the search of any residence of mine or place of residence known to be occupied by me should forfeiture occur.

**F. USE OF TECHNOLOGY**

a. I authorize the Company to use any available tracking technology for the purpose of learning my physical whereabouts.

**G. PREMIUM UNDERSTANDING**

a. I recognize that once executed, the "PREMIUM" paid for this bond is **NOT** refundable.

**I HAVE READ AND UNDERSTAND THE TERMS OF THE BAIL BOND AGREEMENT. BY SIGNING BELOW, I AGREE TO FULFILL ALL ITS PROVISIONS WITHOUT RESERVATION. THIS CONTRACTUAL AGREEMENT SATISFIES ANY AND ALL ACKNOWLEDGEMENT REQUIREMENTS THEREBY VALIDATING THE ABOVE CONDITIONS.**

Defendant Signature: \_\_\_\_\_

Defendant Print: \_\_\_\_\_

Dated: \_\_\_\_\_