APPLICATION FOR APPEARANCE BOND

PALMETTO S	SURETY C	ORPORATIO	N	AGENT		
109 RIVER LANDING DRIVE, SUITE 200 • CHARLESTON, SC 29492-7595				POWER NO.		
I, the undersigned, do hereby apply to you to act as my surety in the amount of \$			CAUSE NO.	CAUSE NO.		
	,	•		. EXECUTION	DATE	
			wherein		Υ	
_						
and I agree to the following to	erms and conditions pre	scribed by the State Insuranc	e Department.		TIME	
		TEDMO AND	CONDITION	10		
					IIP	
The following terms and cond	ditions are an integral par	t of this application for appear	rance bond No	date	s (\$ for whice	
and the parties agree that said	d appearance bond is co	an receive a premium in the am anditioned upon full complianc	ce of all said terms and condition	ns and is a part of said be	s (\$	
to apprehend, arrest and su 2. In the event surrender of De	urrender the Defendant to efendant is made prior to	o the proper officials at any tim	ne as provided by law.		is executed and shall have the rig	
shall be entitled to a refund	•	•				
hereunder, and PALMETTO	SURETY CORPORATION	ON shall have the right to forth	shall constitute a breach of Def nwith apprehend, arrest, and sur fendant's obligations hereunder	rrender Defendant, and I	ALMETTO SURETY CORPORATIO Defendant shall have no right to a	
(b) If Defendant shall move (c) If Defendant shall comm (d) If Defendant is arrested (e) If Defendant shall make	from one address to and it any act which shall col and incarcerated for any any material false statem	other without notifying PALME nstitute reasonable evidence or offense other than a minor tranent in the application.	f the court and PALMETTO SUR TTO SURETY CORPORATION, of of Defendant's intention to cause affic violation.	or its Agent in writing price e a forfeiture of said bond	or to said move. 1.	
Name of defendant			Nickname/Alias			
Street address		City	St Zip	Phone	How Long	
Former address					How Long	
Employed by			Clock #	Dept. #	How Long	
					Phone #	
					How Long	
					Race	
Identification marks or tattoos			Beard/Mustache	Oneial One with No		
Spouse's Employment			Iress	Social Security No	o	
			Sci			
			Sc	hool		
					Phone:	
Spouse's Parents		Addres	is		Phone:	
Brothers or sisters		Addres	3S		Phone:	
Brothers or sisters		Addres	38		Phone:	
					Phone:	
					Phone:	
					Phone:	
					Phone:	
•	• •			"	Phone:	
					Prione:	
When and where did you huy	car?	WOOD	Amount owing	To whom	1	
Driver's License No.		Amount owing Draft Regis		Registration No.	stration No.	
Are you under any bail bond r	now? Agent o	or Surety				
Remarks:					r the purpose of inducing the Sure	
to become surety or to procur In addition, the Defendan Department of Disability Insur and any other persons or org and/or duly authorized repres hension for Court appearance waives his or her rights with re representatives. In addition, if the one in which the original of	re suretyship on the bond at hereby authorizes and rance, the United States panizations having inform entatives. The Defendani e, and for the purpose of espect to the Privacy Act the Defendant escapes charge was filed, or in a f	d or undertaking applied for he d directs his relatives, employ Armed Forces, the state Divis nation concerning the Defenda t understands that any informat f securing reimbursement for and authorizes the use of cop from the custody of Palmetto foreign country, the Defendant	erein, with the intent and purpos yers, bankers, the Federal Soc sion of Motor Vehicles, all Muni- ant's whereabouts to give such ation obtained will be used for t any expenses incurred as a re pies of this document by Palmet Surety Corporation and is subs	te that they be relied on final Security Administraticipal, County, State and information to Palmetto the purpose of securing listelf to Defendant's non-atto Surety Corporation a Sequently captured in a Soluntarily to the State of controls.		
signed and delivered this	day of					
	•					
AGENT WITNESS HERE	•		DEFENDANT SIGN HERE X			

Mailing Address ___

DEFENDANI.....