

Brick City Bail Bonds - Client Questionnaire

Contact Information: Zenobia Armstrong

Phone: (720) 719-1549

Available 24/7

Instructions

Please complete this questionnaire as thoroughly as possible. The information you provide will help us process your bail bond request quickly and efficiently. All information is kept strictly confidential.

For immediate assistance, call (720) 719-1549

Section 1: Contact Information

Primary Contact Person (Person requesting bail bond)

- Full Name: _____
- Relationship to Defendant: _____
- Phone Number (Primary): _____
- Phone Number (Secondary): _____
- Email Address: _____
- Home Address: _____
- City, State, ZIP: _____
- Best time to contact: _____

Emergency Contact

- Full Name: _____
 - Relationship to you: _____
 - Phone Number: _____
 - Email Address: _____
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Section 2: Defendant Information

Personal Details

- Full Legal Name: _____
- Date of Birth: _____
- Social Security Number: _____
- Driver's License Number: _____
- State of Issue: _____
- Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Address Information

- Current Address: _____
- City, State, ZIP: _____
- How long at this address: _____
- Previous Address (if less than 2 years at current):

- Mailing Address (if different): _____

Employment Information

- Employer Name: _____
 - Job Title/Position: _____
 - Work Address: _____
 - Work Phone: _____
 - Supervisor Name: _____
 - Length of Employment: _____
 - Monthly Income: _____
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Section 3: Arrest and Legal Information

Arrest Details

- Date of Arrest: _____
- Time of Arrest: _____

- Arresting Agency: _____
- Jail/Detention Facility: _____
- Booking Number: _____
- Case Number: _____

Charges

- Primary Charge(s): _____
- Additional Charges: _____
- Is this a felony or misdemeanor? ☐ Felony ☐ Misdemeanor ☐ Unknown
- Bail Amount Set by Court: \$ _____
- Court Date: _____
- Court Location: _____

Legal History

- Has the defendant been arrested before? ☐ Yes ☐ No
 - If yes, please provide details: _____
 - Any pending court cases? ☐ Yes ☐ No
 - If yes, please provide details: _____
 - Currently on probation or parole? ☐ Yes ☐ No
 - If yes, please provide details: _____
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Section 4: Financial Information

Bail Bond Fee

- Bail Amount: \$ _____
- Bond Fee (typically 10-15% of bail): \$ _____
- How will you pay the bond fee? ☐ Cash ☐ Credit Card ☐ Check ☐ Payment Plan

Payment Plan (if applicable)

- Down Payment Amount: \$ _____
- Preferred Monthly Payment: \$ _____
- Payment Method: ☐ Auto-debit ☐ Monthly check ☐ Cash

Collateral Information

Do you have collateral to secure the bond? ☐ Yes ☐ No

If yes, please check all that apply:

- ☐ Real Estate (home, land, etc.)
- ☐ Vehicle(s)
- ☐ Jewelry
- ☐ Electronics
- ☐ Bank accounts/CDs
- ☐ Other: _____

Real Estate Collateral

- Property Address: _____
- Estimated Value: \$ _____
- Amount Owed on Mortgage: \$ _____
- Property Owner Name(s): _____

Vehicle Collateral

- Year, Make, Model: _____
 - VIN Number: _____
 - Estimated Value: \$ _____
 - Amount Owed: \$ _____
 - Registered Owner: _____
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Section 5: Co-Signer Information (if applicable)

Co-Signer #1

- Full Name: _____
- Relationship to Defendant: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____

- Employer: _____
- Monthly Income: \$ _____
- Social Security Number: _____

Co-Signer #2 (if applicable)

- Full Name: _____
 - Relationship to Defendant: _____
 - Phone Number: _____
 - Email Address: _____
 - Home Address: _____
 - Employer: _____
 - Monthly Income: \$ _____
 - Social Security Number: _____
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Section 6: Additional Information

Defendant's Ties to Community

- How long has defendant lived in Colorado? _____
- Family in the area? ☐ Yes ☐ No
- If yes, please list: _____
- Owns property in Colorado? ☐ Yes ☐ No
- Children in local schools? ☐ Yes ☐ No

Risk Assessment

- Does defendant have a passport? ☐ Yes ☐ No
- Any history of failing to appear in court? ☐ Yes ☐ No
- If yes, please explain: _____
- Any substance abuse issues? ☐ Yes ☐ No
- Currently in treatment? ☐ Yes ☐ No

Special Circumstances

- Does defendant have any medical conditions requiring medication or treatment? ☐
Yes ☐ No
 - If yes, please describe: _____
 - Any mental health concerns? ☐ Yes ☐ No
 - If yes, please describe: _____
 - Is defendant a flight risk? ☐ Yes ☐ No
 - Please explain your answer: _____
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Section 7: References

Personal Reference #1

- Name: _____
- Relationship: _____
- Phone Number: _____
- How long have they known defendant? _____

Personal Reference #2

- Name: _____
- Relationship: _____
- Phone Number: _____
- How long have they known defendant? _____

Professional Reference

- Name: _____
 - Title/Position: _____
 - Company: _____
 - Phone Number: _____
 - Relationship to defendant: _____
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Section 8: Agreement and Signatures

Acknowledgments

By signing below, I acknowledge that:

- ☐ I have read and understand the terms and conditions of the bail bond agreement
- ☐ I understand that I am financially responsible for the full bail amount if the defendant fails to appear in court
- ☐ I understand that the bond fee is non-refundable
- ☐ I agree to notify Brick City Bail Bonds immediately if the defendant moves, changes employment, or if I become aware of any intention to flee
- ☐ I understand that failure to comply with the terms may result in the defendant being returned to custody
- ☐ All information provided is true and accurate to the best of my knowledge

Signatures

Primary Contact Signature: _____ **Date:** _____

Print Name: _____

Co-Signer Signature (if applicable): _____ **Date:** _____

Print Name: _____

For Office Use Only

Agent: _____

Date Received: _____

Bond Amount: \$ _____

Fee Collected: \$ _____

Collateral Received: _____

Court Date: _____

Notes: _____

Brick City Bail Bonds

Denver, Colorado

Licensed Bail Bond Agent: Zenobia Armstrong

Phone: (720) 719-1549

Available 24/7

This questionnaire is confidential and will be used solely for the purpose of processing your bail bond request.