

SKIP REPORT

DEFENDANT: \_\_\_\_\_ A/K/A'S: \_\_\_\_\_

LAST KNOWN ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

LAST KNOWN JOB: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ SSN: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_ P/A NUMBER: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_ OFFENSE: \_\_\_\_\_

ARREST NUMBER: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

Co-Defendants: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

FORF DATE: \_\_\_\_\_ Due Date: \_\_\_\_\_ JUDGMENT DATE: \_\_\_\_\_ Due Date: \_\_\_\_\_

Executing Agent: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Photo       NCIC       Credit Bureau       Fingerprint I.D.       \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DESCRIPTION:

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I.D. Marks/Scars: \_\_\_\_\_  
\_\_\_\_\_

Children (Names/Ages): \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Spouse: \_\_\_\_\_ Last Known Job: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

COLLATERAL: Cash: \_\_\_\_\_ Mortgages: \_\_\_\_\_

Other: \_\_\_\_\_

10-day Notice Sent to Defendant/Indemnitors RE: collateral redemption

DATE SENT: \_\_\_\_\_ (Certified Mail/Return Receipt Requested)

INDEMNITORS: \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_

OTHERS: \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_

CASE AGENT: \_\_\_\_\_ Phone Number \_\_\_\_\_

AGENT ATTORNEY: \_\_\_\_\_ Phone Number \_\_\_\_\_

INVESTIGATOR(S): \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_

NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* ATTACH ALL INVESTIGATION RECORD FORMS \*\*\*