NEW YORK TRANSFER BOND REQUEST FORM

DATE:	REQUESTING AGENCY			
DEFENDANT'S NAME:	DEFENDANT			
DOB	OCCUPATION:			
ADDRESS:				
CASE INFORMATION				
DATE OF ARREST:	BOND AMOUNT \$			
NYSID:	CHARGES:			
DOCKET:	CITY OR TOWN:			
COUNTY:	COURT PART:			
NEXT COURT DATE:	JAIL LOCATION:			
COURT TYPE; PLEASE CIRCLE (SUPREME, CRIMINAL, COUNTY, TOWN, CITY, JUSTICE)				
INDEMNITORS				
1. INDEMNITOR'S NAME:				
RELATION TO DEFENDANT:				
HOME ADDRESS:				
OCCUPATION:				
EMPLOYER:				
EMPLOYER'S ADDRESS:				
2. INDEMNITOR'S NAME	:			
RELATION TO DEFENDANT:				
HOME ADDRESS:				
OCCUPATION:				
EMPLOYER:				
EMPLOYER'S ADDRESS:				

NOTE: ADDITIONAL INDEMNITORS PLEASE ATTACH A SEPARATE SHEET.

DEFENDANT'S NAME:		
CAS	SH COLLATERAL	
CASH\$		
NOTE: MUST BE MINIMUM 40% OF BO		
PROPI	ERTY COLLATERAL	
1. ADDRESS TO PROPERTY		
OWNERS NAME:		
ESTIMATED EQUITY OF PROPERTY: _		
2. ADDRESS TO PROPERTY		
OWNERS NAME:		
ESTIMATED EQUITY OF PROPERTY: _		
HOLD HARMLES	SS INDEMNITY AGR	EEMENT
I/We hereby authorize the execution of a b to be executed by/through I/We agree to hold you, the surety compar which may occur as a result of the ex acknowledge and assume any and all liab associated with the execution of this bond receive any court information regarding the will pay any forfeiture and court cost, attornot to exceed 30 days from demand.	on my/our agent/a ny/s and posting agent harmless accution of the above reference bility and are 100% liable for a d/s. I/We waive prior notice and e defendant's appearance (s) and mey fees, interest associated with	gency approval and indemnity. from any loss, cost or expensed bond/s. Furthermore, I/Wony forfeiture and recovery fee acknowledge that we may no future court date notices. I/Wo
By or On Behalf of Liable Agent:	Print name	
Agent's Signature:		
Office use: Sent to be posted by	Time	Date:
Spoke to:		
Note:		