

**Kenneth Michael Slemmons, dba:
ACE IN THE HOLE & RELIABLE BAIL BONDS**

APPLICATION Pg.1

Name: _____ **Alias:** _____
(First) (Middle) (Last)

Physical Address: _____ **Apt.#:** _____ **How Long:** _____

City: _____ **State:** _____ **Zip:** _____

RENT / OWN Owner / Complex Name: _____

MAILING ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone#: _____ **Secondary Phone#:** _____

E-Mail: _____ **Facebook:** _____

POB: _____ **DOB:** _____ **Race:** _____ **Sex:** _____

SS#: _____ **DL#:** _____ (CLASS A /C /M /CDL)

ID#: _____ **Expiration Date:** _____ **State:** _____

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Tattoos/Scars: _____

Previous Address: _____ **Apt.#:** _____

City: _____ **State:** _____ **Zip:** _____

Employer: _____ **Work Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Phone:** _____

Job Title: _____ **Shift:** _____ **How Long:** _____

Vehicle Make: _____ **Model:** _____ **Year:** _____

Color: _____ **License Plate:** _____ **State:** _____ (2DR / 4DR/ Ext Cab)

OWN / LEASE Lien holder: _____

Bond ID(s): _____

Book In Date: _____ **Release Date:** _____

Arresting Judge: _____ **Writ Judge:** _____

Charge	Bond Amount	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE: _____ **Client Signature:** _____

Defendant Name: _____ APPLICATION Pg.2

Criminal History

Currently on Bail: _____ Felony / Misd.

Bond Company Name: _____ Agent: _____

Address / Location: _____

Phone No.: _____ Next Court Setting: _____

Current Probation/Parole: _____ Discharge Date: _____

Officer Name: _____ Phone No: _____

County: _____ Transferred to : _____

Previous Probation/Parole: _____ Charge: _____

Officer Name: _____ County: _____

Personal References

Name: _____ Relation: _____

How Long Known: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Employer: _____ Work Phone: _____

Address: _____ City/State/Zip: _____

Supervisor: _____ Phone: _____

Job Title: _____ Shift: _____ How Long: _____

Name: _____ Relation: _____

How Long Known: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Employer: _____ Work Phone: _____

Address: _____ City/State/Zip: _____

Supervisor: _____ Phone: _____

Job Title: _____ Shift: _____ How Long: _____

Name: _____ Relation: _____

How Long Known: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Employer: _____ Work Phone: _____

Address: _____ City/State/Zip: _____

Supervisor: _____ Phone: _____

Job Title: _____ Shift: _____ How Long: _____

Name: _____ Relation: _____

How Long Known: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Employer: _____ Work Phone: _____

Address: _____ City/State/Zip: _____

Supervisor: _____ Phone: _____

Job Title: _____ Shift: _____ How Long: _____

DATE: _____ Client Signature: _____