

INDEMNITOR KNOWLEDGE OF DEFENDANT'S PERSONAL INFORMATION

NOTE: COMPLETION OF THIS FORM IS REQUIRED. IT IS IMPORTANT THAT RESPONSES ARE TRUE, ACCURATE, AND COMPLETE.

FULL NAME: LAST _____, FIRST _____, MIDDLE _____ DATE _____

MAIDEN NAME/ AKA _____

ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

BUYING OR RENTING _____ FROM WHOM? _____ MORTGAGE/RENT PAYMENT _____

PHONE # _____ MESSAGE# _____ CELL# _____ PAGER# _____

HOW LONG AT CURRENT HOME? _____ HOW LONG IN SOUTHERN CALIFORNIA? _____

WHAT OTHER STATES HAVE YOU LIVED IN? _____ WHEN? _____

LIST 2 PREVIOUS ADDRESSES _____

DATE OF BIRTH _____ BIRTHPLACE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ RACE _____ CITIZENSHIP _____ IDENTIFYING MARKS _____

AUTOS: YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE# _____

AUTOS: YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE# _____

EMPLOYER _____ PHONE# _____ HOW LONG EMPLOYED _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW MANY CHILDREN? _____ AGES _____

REFERENCES/FAMILY INFORMATION

NAME ADDRESS PHONE # OCCUPATION

SPOUSE _____

MOTHER _____

FATHER _____

BROTHER/SISTER _____

REFERENCE _____

REFERENCE _____

REFERENCE _____

ATTORNEY _____

CO-DEFENDANTS _____