

# COURT BONDS

A DIVISION OF JD FULWILER & COMPANY INSURANCE

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<b>Applicant</b>	Relation to Protected Person/Decedent: _____
Name: _____	Employer Name: _____
Address: _____	Job Title: _____
City, State, Zip: _____	Check if Income and Net Worth are Joint with Spouse <input type="checkbox"/>
Phone: _____ Email: _____	Annual Income: \$ _____ Net Worth: \$ _____
Date of Birth: _____ Marital Status: _____	Social Security # (Required): _____

<b>Attorney for Applicant</b>
Law Firm: _____ Attorney Name: _____
Address: _____ Attorney Email: _____
City, State, Zip: _____ Legal Assistant Name: _____
Phone: _____ Legal Assistant Email: _____

<b>Bond Amount: \$</b> _____	<b>County:</b> _____	<b>Case:</b> _____
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<b>Protected Person (Living)</b>	<b>Estate (Deceased)</b>
Name: _____	Name of Decedent: _____
Address: _____	Date of Death: _____
City, State, Zip: _____	Is there a Will?: Yes No
Date of Birth: _____	# of Heirs/Devises?: _____
Reason for Protection: _____	

<b>Assets for Protected Person or Estate</b>
Real Property: \$ _____ Cash/Accounts: \$ _____ Personal Property: \$ _____ Other: \$ _____
Income: \$ _____ Monthly: _____ Annual: _____ Income Source(s): _____

## General Information and Signature (Required - Please Respond to All Questions Below)

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an existing or prior bond for this case?		Is there an active or inactive business or entity involved?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you EVER been convicted of a felony?	
Is there a Trust involved?		Have you EVER filed for bankruptcy?	
Are you a creditor (owed money) or debtor (you owe money) in this matter?			

- I give permission to generate my credit report and understand the report will be shared with bond underwriters.
- I give permission to release a copy of this form to my attorney or their legal assistant.
- I agree to maintain attorney representation for the duration of this case as long as a bond is required by the court.
- I understand first year (12 months) premium is fully-earned. There will be no return premium in this first year, even if the bond is cancelled or decreased.
- I have read, understand, and agree with the information contained in this form. All of the information I have provided is accurate.

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_