

# COURT BONDS

A DIVISION OF JD FULWILER & COMPANY INSURANCE

Amanda Casteel | Court Bonds Account Executive  
acasteel@jdfulwiler.com | 503-977-5701

<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 _____
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> _____
<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/Devisees?: _____	
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

Is there an existing or prior bond for this case?

Is there an active or inactive business or entity involved?

Is there a Trust involved?

Have you EVER been convicted of a felony?

Are you a creditor (owed money) or debtor (you owe money) in this matter?

Have you EVER filed for bankruptcy?

- 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: \_\_\_\_\_