

COURT BONDS

A DIVISION OF JD FULWILER & COMPANY INSURANCE

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Applicant		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): _____	

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

Bond Amount: \$ _____	County: _____	Case: _____
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Protected Person (Living)	Estate (Deceased)
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: _____	

Assets for Protected Person or Estate			
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

Is there an existing or prior bond for this case?

Is there a Trust involved?

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

Yes No

Is there an active or inactive business or entity involved?

Have you EVER been convicted of a felony?

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: _____