SUBMITTED FOR CONSIDERATION BY THE TARRANT COUNTY BAIL BOND BOARD

(Submit most recent available financial data – use page 11 to provide explanatory notes to the Personal Financial Statement)

State	Statement Date:		
Socia	Social Security Number		
City,	State Zip:		
Phon	e No:	Fax No:	
Home	e No:	Cell:	
	y of Pages 2	2 through 11)	
Reference Page		Amounts	
See Page 2	\$		
See Page 3			
See Page 4			
See Page 5			
See Page 6			
See Page 8			
See Page 8			
See Page 8	-		
See Page 7			
Total Assets	\$		
Reference Page		Amounts	
See Page 9	\$		
See Page 10			
Total Liabilities	\$		
Total Assets	\$		
Total Liabilities			
Net Worth	\$ =======		
	Social City, Phone Phone Page See Page 2 See Page 3 See Page 4 See Page 5 See Page 6 See Page 8 See Page 8 See Page 8 See Page 7 Total Assets Reference Page See Page 10 Total Liabilities Total Assets Total Assets	Social Security Number City, State Zip: Phone No:	Social Security Number

Name:	me: Statement Date:			
ANNUAL INCOME as Annual Income	nd CURRENT ANNUAL EXPENSES Amount			
Salary, Bonus and Commissions				
Dividends and Interest				
Rental and/or Lease Income (Net)				
Other Income (Explain)				
, , ,	TOTAL INCOME			
Annual Expenses	Amount			
Mortgage Payments				
Other Major Expenses (Any expense paid personal salary and/or budget) – List:	d by your			
	TOTAL EXPENSES \$			
	Total Income \$			
Les	S Total Expenses			
	NET INCOME \$			
Net Income for the previous 3 years:				
2004 \$				
2003 \$				
2002 \$				
	Insurance			
Name of Insured Beneficiary Insurance Co	o. <u>Type of policy</u> Total cash Total Loans Is policy Whole/Term Face Amt. surrender against policy assigned?			
Total Cash Surrer	nder Amount \$			

Page 2 of 13

Name:	Statement Date:		
Money in Banks		Type	
Financial Institutions	Account Number	Type – checking/savings	Amount
Name:			\$
Address:			
Phone:			
Contact Name:			
Name:			
Address:			
Phone:			
Contact Name:			
Name:			
Address:			
Phone:			
Contact Name:			
Name:			
Address:			
Phone:			
Contact Name:			
Name:			
Address:			
Phone:			
Contact Name:			
		TOTAL \$	

Name:	Statement Date:	<u> </u>
	deposit below use additional sheet	
Financial Institutions	Certificate Number	Amount
Name: Address: Phone: Assigned: No □ Yes □ To whom:		\$
Name: Address: Phone: Assigned: No □ Yes □ To whom:		
Name: Address: Phone: Assigned: No □ Yes □ To whom:		
Name: Address: Phone: Assigned: No □ Yes □ To whom:		
Name: Address: Phone: Assigned: No □ Yes □ To whom:		
Name: Address: Phone: Assigned: No □ Yes □ To whom:		
	TOTAL	\$

Name:	ne: Statement Date:					
	Furnish copies of a	III Stocks and Bond	s			
Registered in the Name of	Number Pledged	Stocks- Number of Shares, Bonds		Cost		Present Market Value
Description of Stock/Bond:	State to whom	Face Value	\$		\$	
Brokerage:						
Address:						
Phone:						
Description of Stock/Bond:						
Brokerage:						
Address:						
Phone:						
Description of Stock/Bond:					· · · · · ·	
Brokerage:						
Address:						
Phone:						
Description of Stock/Bond:						
Brokerage:						
Address:						
Phone:						
Description of Stock/Bond:						
Brokerage:						
Address:						
Phone:						

TOTAL PRESENT MARKET VALUE

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	additional pages if needed		Teveble
Real Estate-Other than Homestead	Lien Holder	Tax Account No.	Taxable Value
Address:	Name: Address:		\$
Description:	Phone:		
Mortgage	Purchase	Amount of	
Balance \$	Price \$	Insurance \$	
Real Estate-Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name:		
Description	Address:		
Description:	Phone: Purchase	Amount of	
Mortgage Balance	Purchase Price	Insurance	
Daiance	TILE	ilisuidiice	
Real Estate-Other than Homestead	Lien Holder	Tax	Taxable
		Account #	Value
Address:	Name:		
Description	Address:		
Description:	Phone: Purchase	Amount of	
Mortgage Balance	Price	Insurance	
Datatice	TITOE	msurance	
Real Estate-Other than Homestead	Lien Holder	Tax	Taxable
		Account #	Value
Address:	Name: Address:		
Description:	Phone:		
Mortgage	Purchase	Amount of	
Balance	Price	Insurance	
Bulleton Office II	T		· · · · · · · · · · · · · · · · · · ·
Real Estate-Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name: Address:		
Description:	Phone:		
Mortgage	Purchase	Amount of	
Balance	Price	Insurance	

_		_	_	_	_	_	_	_
	==							

Name:	Statement Date:	
List Other	r Business Assets Below	
Business Assets	Liability	Asset Value
Name: Address: Phone: Type of Business:		
Name: Address: Phone: Type of Business		
	TOTAL	\$

Address:		ame: Statement Date:			Name:	
Real Estate - Homestead			onal Property	scellaneous Pers	Misc	
City: Address: Description: City: Phone: Amount Owed Autos – Personal Lien Holder Make: Name: Model: City: Phone: Amount Owed Make: Name: Address: Amount Owed Make: Name: Address: City: Phone: Address: Model: City: Phone: Amount Owed Personal Property List and Describe Below (Household Furnishings, Jewelry, etc. V (1) (2) (3) (4) (5) Real Estate – Homestead \$	ax Value		ien Holder			Real E
Description: City: Phone: Amount Owed Autos – Personal Lien Holder Make: Name: Address: Oity: Phone: Amount Owed Year: Amount Owed Make: Make: Make: Make: Make: Address: Model: Phone: Address: City: Phone: Address: City: Phone: Address: Model: Personal Property List and Describe Below (Household Furnishings, Jewelry, etc.) (1) (2) (3) (4) (5) Recap: V				Name:		Address:
Phone:						
Autos - Personal Lien Holder Variable Variable					n:	Description:
Autos – Personal Lien Holder Make: Name:			1			
Make: Name: Address: City: Phone: Amount Owed Make: Name: Address: Model: City: Phone: Year: Amount Owed Make: Name: Address: Year: Amount Owed Make: Name: Address: City: Phone: Address: City: Phone: Address: Address: City: Phone: Address: Address: Vear: Amount Owed Personal Property List and Describe Below (Household V Furnishings, Jewelry, etc.) (1) (2) (3) (4) (5) Recap:	Value				Autos – Personal	Au
Model: Year: Amount Owed Make: Mame: Address: Model: Year: Mame: Address: Model: Year: Amount Owed Make: Name: Address: Model: Year: Amount Owed Make: Name: Address: City: Phone: Address: Model: City: Phone: Address: Year: Amount Owed Personal Property List and Describe Below (Household Furnishings, Jewelry, etc.) (1) (2) (3) (4) (5) Recap:			11010.01		10.000	
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Year: Make: Make: Address: Model: Year: Amount Owed Make: Name: Address: Address: Oity: Phone: Address: Oity: Phone: Address: Oity: Phone: Year: Amount Owed Personal Property List and Describe Below (Household Furnishings, Jewelry, etc.) (1) (2) (3) (4) (5) Recap:						Model:
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Model:						wake.
Year: Make: Make: Model: Year: Amount Owed Name: Address: City: Phone: Amount Owed Personal Property List and Describe Below (Household Furnishings, Jewelry, etc. (1) (2) (3) (4) (5) Recap:						Model:
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Model: City: Phone: Year: Amount Owed				Name:		Make:
Phone: Amount Owed Personal Property List and Describe Below (Household Furnishings, Jewelry, etc. (1) (2) (3) (4) (5) Recap: Real Estate – Homestead \$						
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Personal Property List and Describe Below (Household Furnishings, Jewelry, etc. (1) (2) (3) (4) (5) Recap: Real Estate – Homestead \$						Voor
(1) (2) (3) (4) (5) Recap: Real Estate – Homestead \$	Value		ribe Below (Household	List and Desc	Personal Property	Teal.
(2) (3) (4) (5) Recap: Real Estate – Homestead \$			ings, Jewelry, etc.	Furnish		(4)
(3) (4) (5) Recap: Real Estate – Homestead \$						(1)
(4) (5) Recap: Real Estate – Homestead \$						(2)
(4) (5) Recap: Real Estate – Homestead \$						(3)
(5) Recap: Real Estate – Homestead \$						
Recap: Real Estate – Homestead \$						(4)
Real Estate – Homestead \$						(5)
1						Recap:
Personal Property		 	\$	estead	Autos - Personal	
			<u> </u>		. •	
TOTAL \$		4L \$	тот			

Name:	e: Statement Date:				
Liabilities/Secured (Homes					
Lien Holder	Account Number	Type of Collateral	Original Note	Payment Mo./Annual	Remaining Liability
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:		TOTAL RE	EMAINING LIA	BILITY \$ =====	.=====

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Name:	Statement Date:				
Liabilities/Unsecured (Cred List account numbers only, do	it Cards, Per not list credit	sonal Loans, Co card numbers.	ntingent Liab	ilities, etc.)	
Lien Holder	Account Number	Type of Collateral	Original Note	Payment Mo./Annual	Remaining Liability
Name:		,			
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:					
Name:					
Address:					
Phone:		TOTAL RE	MAINING LIA	BILITY \$	=======

Name:		Statement Date:
		Explanation of Personal Financial Statement
Page No.	Note(s)	

Name:	Statement Date:			
STATE OF TEXAS§				
COUNTY OF TARRANT§				
For the purpose of procuring a Tarrant County I undersigned, the undersigned submits the above condition on the following date, and agrees that if ability of the undersigned to pay all claims or de without delay notify the Tarrant County Bail Bond is so notified, it may continue to rely upon the stathe financial condition of the undersigned as of the liabilities, and income must be listed herein.	e as being a true and actions any changes occur that mands against it, the un Board, and unless the tement herein given as a	curate statement of its financial materially reduce the means or ndersigned will immediately and Tarrant County Bail Bond Board true and accurate statement of		
Signature of Applicant				
Sworn to and Subscribed to before me this	day of	, 2005		
Notary Public In and for State Of Texas				

Name:				Statement Date:				
		Property de	escription when real	estate is used as sui	rety			
The following listed property is being on the records of		is being submitted by , Texa	ng submitted by, Texas, Tax Office.		_ as being assessed			
LOCATION & DESCRIPTION								
Lot	Block	Account Number	Addition	Street Address	City	Taxable Value		
				Applicant - Surety				
Subs	cribed and	sworn to before	me this day of _	, 20	005			
				Notary Public In and for Sta	ate Texas			