



1129 N Riverfront Blvd • Dallas, TX 75207  
Main Line: (214) 747-4110 | Fax: (214) 747-4113

**APPLICATION FOR INDEMNITOR**

Defendant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Indemnitor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver Lic.: \_\_\_\_\_ State: \_\_\_\_\_  
Make & Model of Auto: \_\_\_\_\_ Plate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_  
  
Link and User Name  
Social media?  Facebook \_\_\_\_\_  
 Twitter \_\_\_\_\_  
 Instagram \_\_\_\_\_

**EMPLOYMENT**

CURRENT EMPLOYER	PREVIOUS EMPLOYER
Name: _____	Name: _____
Department: _____	Department: _____
Supervisor _____	Supervisor _____
Address: _____	Address: _____
Phone: _____ How Long: _____	Phone: _____ How Long: _____

**SPOUSE** *(If not married, boyfriend, girlfriend, or person sharing home with you)*

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL PROPERTY OWNED AND LOCATION (REAL ESTATE, LAND)**

\_\_\_\_\_

Name	Address	City and State	Phone
Mother			
Father			
Brother/Sister			
Best Friend			
Name of Bank			

**REFERENCES**

Name	Address	City	State	Phone	Relationship

**REMARKS**

Date \_\_\_\_\_ Indemnitor's Signature \_\_\_\_\_