

**STATEWIDE BONDING, INC.**  
**IMMIGRATION BOND INFORMATION SHEET**

**Fax Document to 703-910-5956 or Email: [contact@statewidebondinginc.com](mailto:contact@statewidebondinginc.com)**

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**ALIEN/PRINCIPAL INFORMATION**

Name \_\_\_\_\_ D/O/B: \_\_\_\_\_

A-Number: \_\_\_\_\_ Facility Detained In: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Port in to the U.S.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Percent Charge: \_\_\_\_\_ % Bond Amount: \$ \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_

Person Picking Alien up: \_\_\_\_\_ Phone: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Ticket/Confirmation Number: \_\_\_\_\_

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**OBLIGOR/INDEMNITOR'S INFORMATION**

Name \_\_\_\_\_ D/O/B: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ DL/ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Referring Agent:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_