

DEFENDANT INFORMATION

NAME _____ AKA _____

PHONE _____ CELL _____ EMAIL _____

DOB _____ AGE _____ RACE _____ SEX _____ TWIN? Y / N _____

HGT _____ WGT _____ HAIR _____ EYES _____ GLASSES? Y / N _____

SSN _____ DL/ID# _____ BIRTHPLACE _____ HIGH SCHOOL _____

CURRENT ADDRESS _____ ZIP _____ HOW LONG _____

WHO DO YOU LIVE WITH _____ NAME UTILITIES ARE IN _____

AUTO COLOR _____ YEAR _____ MAKE _____ MODEL _____ TAG _____

EMPLOYER _____ ADDRESS _____ PHONE _____

OCCUPATION _____ SUPERVISOR _____ HOW LONG _____ HOURS _____

SPOUSE / OTHER _____ ADDRESS _____ PHONE _____

SSN _____ DOB _____ HGT _____ WGT _____ RACE _____

EMPLOYER _____ ADDRESS _____ PHONE _____

PO NAME _____ DHS WORKER NAME _____ ARE YOU FILING BANKRUPTCY? Y / N _____

CONTACTS **NAME** **ADDRESS** **PHONE**

MOTHER _____

FATHER _____

SISTER/BROTHER _____

SISTER/BROTHER _____

MOTHER/FATHER IN LAW _____

CHILDREN _____ School? _____

EX SPOUSE _____

BANK _____ AUTO FINANCING _____ RENT / MORTGAGE _____

REFERENCE _____

REFERENCE _____

REFERENCE _____

I authorize the release of information to or from ANY source, public or private. Including but not limited to; Law enforcement, medical, mental or drug rehab facilities or hospitals, doctors, lawyers, counselors, schools, employment or Oklahoma Employment Security Commission, housing, credit reports, creditors, utility, communication companies, Online media accounts, FaceBook, banking, social security, I.R.S., TANF, D.H.S. or any state program, unemployment, workers compensation, DMV records, use of GPS tracking, cellular network tracking or OnStar System, ANY other source holding information to discover the location of the defendant or co-signers, their residence, place of employment or appointment schedules. **I UNDERSTAND THAT IT IS A MISDEMEANOR TO PROVIDE FALSE INFORMATION ON ANY INDEMNIFICATION AGREEMENT WITH A PUNISHMENT OF UP TO ONE YEAR IN JAIL AND UP TO A \$1,000. FINE OR BOTH.**

PRINT _____ SIGN _____ DATE _____

NOTARY _____ COMMISSION # _____ EXP _____