

CIVIL BOND APPLICATION

INSTRUCTIONS

Option 1 — Email or Fax

Complete both pages of the application.

* If this is a court ordered bond, include a copy of the court order and/or judgement for the bond.

✉ Email completed application to:
civilapp@bondservices.com

— OR —

📠 Fax to:
213-403-4352

Option 2 — Online

Apply for your civil bond online at:

🌐 www.bondservices.com/civil-bond-application

Civil Bonds Include

- Writ of Attachment Bonds
- Receivers
- Injunctions
- Temporary Protective Orders
- Temporary Restraining Orders
- Release of Mechanics Liens
- And More

NEED HELP?

Call us between the hours of 9am–4pm PST

San Diego

Phone: (619) 231-9522
Fax: (619) 231-9545
sandiego@bondservices.com

Orange County

Phone: (888) 558-3007
Fax: (877) 558-8297
orangecounty@bondservices.com

Los Angeles

Phone: (213) 628-2970
Fax: (213) 628-2977
losangeles@bondservices.com

Inland Empire

Phone: (909) 890-1409
Fax: (909) 890-4282
sanbernardino@bondservices.com

San Jose

Phone: (408) 998-5056
Fax: (408) 279-3160
sanjose@bondservices.com

Bay Area / Concord

Phone: (925) 370-2330
Fax: (925) 370-2339
norcal@bondservices.com

Sacramento

Phone: (916) 424-0435
Fax: (916) 424-0437
sacramento@bondservices.com

Texas

Phone: (817) 509-1511
Fax: (817) 796-2637
info@southwestbonding.com

Arizona

Phone: (623) 362-0601
Fax: (623) 362-2218
az@bondservices.com



CIVIL COURT BOND APPLICATION

Email completed application to civilapp@bondservices.com. Or Fax to 213-403-4352.

Type of Bond/Undertaking _____ Amount _____

Hearing Date _____ Case No _____

Name of Court _____ Code Section _____

*** If this is a court ordered bond, include a copy of the court order and/or judgment for the bond.**

Copies of other court documents as well as financial statements may be required.

Attorney Info

Name of Your Attorney _____ SBN _____

Law Firm _____

Phone Number _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Principal Info

Name _____

Phone Number _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Complete this section if the Principal is an Individual

Social Security Number _____ Drivers License # _____ State _____

Your Net Worth _____ Date of Birth _____

Employer _____ Position (If retired, previous position) _____

If Self Employed, Nature of Business _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Length of Employment/Ownership _____

Do you own a home? _____ Do you rent? _____ Other (explain) _____

Complete this section if the Principal is a Legal Entity

Nature of Business _____ Tax ID Number _____

Names of all Business Owners, Residence Addresses and Social Security Numbers:

(Business Owner Name)	(Residence Address)	(Social Security Number)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

