## UNITED STATES PRETRIAL SERVICES WESTERN DISTRICT OF TEXAS THIRD-PARTY/CO-SURETY VERIFICATION FORM

DEFE	NDANT'S NAME		DATE	
1.	NAME (INCLUDE ALIASES/MAIDEN NAME):			
	DOB:	SOCIAL SECURITY #:		
	ADDRESS:			
	ADDRESS:Street	City	State	Zip Code
	MAILING ADDRESS:	City	State	Zip Code
	PHONE NO.:	LENGTH OF TIME AT RESIDENCE:		
	DRIVER'S LICENSE STATE & NUMBER:			
	CITIZENSHIP: USCNATURAI	LIZED	RESIDENT ALIEN #:_	
	MARRIED: YES:NO:	_SPOUSE'S NA	AME:	
2.	RELATIONSHIP TO THE DEFENDANT:			
	LENGTH OF TIME YOU HAVE KNOWN THE DEFENDANT:			
3.	EMPLOYER:	PHON	NE NO	
	ADDRESS:			
	LENGTH OF TIME WITH EMPLOYER:	MOI	NTHLY EARNINGS:	
4.	HAVE YOU EVER BEEN ARRESTED/COM	NVICTED OF AN	OFFENSE? YES	_ NO
	IF YES, EXPLAIN:			
5.	IS ANYONE LIVING AT YOUR RESIDENCE AN ILLEGAL ALIEN? YESNO IS ANYONE LIVING AT YOUR RESIDENE REQUIRED TO REGISTER AS A SEX OFFENDER? YES NO			
	IF YES, WHO AND WHAT IS THEIR RELATIONSHIP TO THE DEFENDANT:			
6.	DO YOU HAVE A MEDICAL CONDITION PARTY CUSTODIAN? YES NO	VENT YOU FROM SERVI	NG AS A THIRD-	
	INFORMATION NEE	DED FOR CO-S	SURETY ONLY	
ASSE	TS:			
LIABIL	LITIES:			
ARE Y	OU WILLING TO PROVIDE PROOF OF AS	SSETS AND/OR	LIABILITIES: YESN	0
CO-SI	JRETY/THIRD PARTY SIGNATURE		DATE <u>:</u>	
ACCE	PTED AS CO-SURETY:	YES	<u>NO</u>	
ACCEPTED AS THIRD-PARTY CUSTODIAN: YES_			<u>NO</u>	

ATLAS Record check complete

**OFFICER**