

## SAN FRANCISCO SHERIFF'S DEPARTMENT Bail Inquiry Form

In order to ensure compliance with California Code of Regulations, this Bail Inquiry Form shall be completed prior to an inmate bail bond visit or bond drop off. Requirements are posted at <a href="https://www.insurance.ca.gov">www.insurance.ca.gov</a>.

Check one:	
<ul><li>□ Bail Bond Drop Off</li><li>□ Bail Bond Inmate Visi</li></ul>	t
Date:	
Bail Bond Agency:	Bus. Phone #:
Your Name:(Please Print)	License #:
	epartment of Insurance? ☐ Yes ☐ No
Print Name of Inmate:	
Booking Number:	
accordance with Section 2079.5 and  (a) An arrestee;  (b) The arrestee's attorne  (c) An adult member of the second secon	he arrestee's immediate family; the arrestee shall specifically designate in writing. Such signed by the arrestee before the solicitation, unless prohibited by the ordinances governing the place of imprisonment. If so prohibited, it elease of the arrested to ratify a previous oral designation made by
	is contacted and who contacted your agency to post the bond. (This impliance with the California Code of Regulation)
☐ The inmate ☐ Inmate's a	ttorney   Inmate's immediate family   Other
Name:	Phone #:
Bail bond drop offs or visits may be of Insurance Code are being violated.	delayed or denied if the Sheriff's Department feels the provisions of the
I am familiar with the California Code execution and delivery of bail bonds	e of Regulations and Insurance Code regulations in respect to the
Failure to complete this form accura	tely and completely may result in a delay.
Signature:	
Deputy accepting form:(Print nar	Date and Time: