

BAIL MODIFICATION FORM

Date: _____

1

Defendant's Name: _____ DOB: _____ Supervision Level: _____
(Last) (First) (Middle)

Original Booking #: _____ Arresting Agency: _____ Original Bail: _____

Court: _____ Case #: _____ Next Court Date / Time: _____

Waived/Bound Over Today? YES NO

Charges: _____

2

REQUESTED ACTION (choose one):

Condition Modification: Requested Level: Basic Medium Enhanced

Financial Modification: Increase: \$ _____ Decrease: \$ _____ Cash Only

Own Recognizance (O.R.) Release:

O.R. Release into in-patient treatment program:

Defendant to be transported by: Inmate Assistance Program (IAP) Other _____

Self-surrender with prearranged O.R: Planned booking date / time: _____

O.R./Supervised Bail Revocation request: Warrant requested? Yes No

Requested by: _____ Title: _____
_____ Title: _____

Additional notes for the Judge's consideration: All other conditions remain the same

3

FOR JUDICIAL USE ONLY:

Condition Modification / Release Modification: Approved Denied Hearing to be set

Revocation Request/Financial Modification: Approved Denied Hearing to be set

New financial bail: \$ _____ Cash Only: Yes No

Supervision ordered?

Yes No Same as previously ordered

Supervised by: PRT DAS ASU

Supervision level: Basic Medium Enhanced

Additional notes or special conditions of release:

Judge's Signature: _____ Date: _____

Initially sent to: ___ Court ___ APD ___ PD ___ DA ___ Private Attorney _____

Return to: ___ ASU ___ Court Services - Jail ___ DAS ___ Pretrial Services ___ Booking (Rev. 06/09/2021)